

LANCASHIRE COUNTY COUNCIL

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# REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1948

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*(Presented to the County Council, August 3rd, 1950)*

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*F. Taylor & Co. (Blackpool) Ltd., Back Regent Road, Blackpool*



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## PUBLIC HEALTH AND HOUSING COMMITTEE (1948-49)

## The Chairman of the County Council :

\*H. HYDE, Esq., J.P.

## The Vice-Chairman of the County Council :

\*A. SMITH, Esq., J.P.

## Chairman of Committee :

\*SIR THOMAS TOMLINSON, J.P.

## Vice-Chairman :

E. SMETHURST, Esq., J.P.

## County Aldermen :

T. BILLINGTON, Esq., J.P.  
 Mrs. A. BOTTOMLEY, J.P.  
 H. BRIGHT, Esq.  
 Mrs. K. M. FLETCHER, J.P.

W. J. LUCAS, Esq., J.P.  
 P. F. MANNIX, Esq., M.D., M.Ch., B.A.O., J.P.  
 R. MATTHEWS, Esq., J.P.  
 R. S. SCHOFIELD, Esq., J.P.

## County Councillors :

A. BERRY, Esq.  
 Mrs. G. M. BOARDMAN, J.P.  
 H. BRADLEY, Esq., J.P.  
 A. L. CHEALL, Esq.  
 Mrs. P. T. COOPER.  
 R. A. COTTON, Esq.  
 G. H. FOSTER, Esq., J.P.  
 G. E. HARDMAN, Esq., J.P.  
 T. HOURIGAN, Esq.  
 C. F. LOFTHOUSE, Esq.  
 H. LORD, Esq., J.P.

J. MAWDSLEY, Esq.  
 W. MEREDITH, Esq.  
 F. W. PICKLES, Esq.  
 J. ROBINSON, Esq., M.Sc., M.D.,  
 D.T.M. & H., J.P.  
 R. H. ROWLANDS, Esq.  
 J. W. THORLEY, Esq.  
 W. J. THROUP, Esq.  
 E. TYNAN, Esq., J.P.  
 H. WELSBY, Esq.  
 H. W. WHITTLE, Esq., M.B.E.

(\* County Aldermen)



## HEALTH COMMITTEE (1948-49)

## The Chairman of the County Council :

\*H. HYDE, Esq., J.P.

## The Vice-Chairman of the County Council :

\*A. SMITH, Esq., J.P.

## Chairman of Committee :

H. LORD, Esq., J.P.

## Vice-Chairman :

E. SMETHURST, Esq., J.P.

## County Aldermen :

T. BILLINGTON, Esq., J.P.  
 Mrs. A. BOTTOMLEY, J.P.  
 J. EASTHAM, Esq., J.P.  
 W. J. GARNETT, Esq., D.L., J.P.  
 SIR HENRY HANCOCK, J.P.

H. F. JEFFERY, Esq., M.B., Ch.B., J.P.  
 W. J. LUCAS, Esq., J.P.  
 P. F. MANNIX, Esq., M.D., M.Ch., B.A.O., J.P.  
 SIR THOMAS TOMLINSON, J.P.  
 LADY A. F. P. WORSLEY-TAYLOR, J.P.

## County Councillors :

T. ATKINSON, Esq., J.P.  
 S. H. BAKER, Esq., J.P.  
 Mrs. G. M. BOARDMAN, J.P.  
 K. BRADLEY, Esq., J.P.  
 Mrs. E. W. BROWN.  
 A. L. CHEALL, Esq.  
 S. CROSTON, Esq.  
 G. E. HARDMAN, Esq., J.P.  
 T. HOURIGAN, Esq.  
 J. R. HULL, Esq.  
 C. F. LOFTHOUSE, Esq.

Mrs. K. LOWE (*appointed 29/7/49*).  
 W. MEREDITH, Esq.  
 F. W. PICKLES, Esq.  
 J. ROBINSON, Esq., M.Sc., M.D., D.T.M. & H., J.P.  
 R. H. ROWLANDS, Esq.  
 J. W. THORLEY, Esq.  
 E. TYNAN, Esq., J.P.  
 R. WEBSTER, Esq.  
 H. W. WHITTLE, Esq., M.B.E.  
 Mrs. B. F. WIGNALL  
 Mrs. E. WILLIAMSON.

## Members appointed by—

*Lancashire Non-County Boroughs Association :*

J. P. BAXTER, Esq., O.B.E. | J. WILKINSON, Esq.

*Lancashire Urban District Councils Association :*

F. J. MELVILLE, Esq., J.P. | J. M. WORTHINGTON, Esq., J.P.

*Lancashire Branch of Rural District Councils Association :*

\*W. ALDERSON, Esq. | W. HELME, Esq.

*Lancashire Executive Council :*

A. OWEN, Esq., M.B., Ch.B. | W. J. THROUP, Esq.  
 F. M. ROSE, Esq., M.B., Ch.B. | H. W. TOWNLEY, Esq., O.B.E.

*Lancashire County Local Medical and Panel Committee :*

A. CAMPBELL, Esq., L.M.S.S.A. | S. A. WINSTANLEY, Esq., M.B., Ch.B.

*Manchester Regional Hospital Board :*

FIVE MEMBERS — NOT APPOINTED.

*Liverpool Regional Hospital Board :*

J. TAYLOR, Esq., J.P. | D. PLINSTON, Esq., J.P.

(\* County Aldermen)

## COUNTY HEALTH STAFF (As at 31st December, 1948)

*(Jointly with School Health Service)*

## County Medical Officer of Health and School Medical Officer :

F. HALL, *C.B.E.*, M.D., Ch.B., D.P.H., Barrister-at-Law.

## Deputy County Medical Officer and Deputy School Medical Officer :

S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

## Chief Assistant County Medical Officers :

R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

T. S. HALL, *M.B.E.*, *T.D.*, B.Sc., M.D., B.Ch., B.A.O., D.P.H.

## Divisional Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Divisional Medical Officers
1	A. DODD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	J. B. M. DAVIES, M.D., B.S., D.P.H. W. Y. FETTES, M.B., Ch.B., D.P.H.
2	J. A. TOMB, M.B., Ch.B., D.P.H.	ROBERTA T. RANKIN, M.B., Ch.B., D.P.H. MARY TOWNEND, M.B., Ch.B., D.P.H. *A. R. GRAHAM, M.B., Ch.B., D.P.H., Barrister-at-Law. *W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H.
3	L. FAY, M.D., Ch.B., D.P.H.	W. J. McLEOD, M.D., B.Ch., B.A.O., D.P.H. W. SHARPE, B.Sc., M.B., Ch.B., D.P.H. J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
4	G. G. WRAY, M.D., Ch.B., D.P.H.	MARGUERITE E. CLIFF, M.D., Ch.B., D.P.H. D. G. CRAWSHAW, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H. R. C. GUBBINS, M.B., Ch.B., D.P.H. †IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H.
5	R. C. WEBSTER, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H. J. KATZ, M.D., D.P.H. JANE O. MILLAR, M.D., Ch.B., D.Obst.R.C.O.G., D.P.H. *C. ROYLE, M.B., Ch.B., D.C.H.
6	R. E. ROBINSON, M.A., M.R.C.S., L.R.C.P., D.P.H.	J. D. CARROLL, M.B., Ch.B., B.A.O., L.M., D.C.H., D.P.H. †ELSIE CATLOW, B.Sc., M.B., Ch.B., D.P.H. E. LEE, M.B., Ch.B., D.P.H.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	LILIAN W. HUGHES, M.B., Ch.B. SUSAN H. MONTGOMERY, M.B., Ch.B. H. W. RUTHERFORD, M.B., Ch.B., D.P.H. C. R. WILSON, M.B., Ch.B., D.P.H.
8	G. H. POTTER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	J. A. GILLETT, M.B., Ch.B., D.P.H. J. H. WOOD, M.B., Ch.B., D.P.H.
9	F. W. BUNTING, <i>M.B.E.</i> , M.D., Ch.B., D.P.H.	D. J. FRASER, M.B., Ch.B., D.P.H. G. G. W. HAY, M.B., Ch.B. §DOROTHY M. JAMES, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D. W. E. MacDOUGAL, M.D., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H., L.D.S.

\* Part-time.

† Also engaged in Division 5.

§ Also engaged in Division 8.

Health Division No.	Divisional Medical Officer	Assistant Divisional Medical Officers
10	A. C. CRAWFORD, <i>T.D.</i> , M.B., Ch.B., D.P.H., D.T.M.	HELEN G. M. BENNETT, M.B., Ch.B., D.P.H. W. PATERSON, M.B., Ch.B., D.P.H.
11	T. P. SEWELL, M.D., Ch.B., D.P.H.	W. R. M. COUPER, M.B., Ch.B., D.P.H. ‡J. R. JAGGER, M.B., Ch.B., D.P.H. E. TAYLOR, M.B., Ch.B., D.P.H. *R. S. DAVIDSON, M.R.C.S., L.R.C.P., D.P.H.
12	C. H. T. WADE, B.Sc., M.D., Ch.B., D.P.H.	C. ATKINSON, M.B., Ch.B., D.P.H. R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H. W. S. HAYDOCK, B.A., M.D., B.Ch., B.A.O., D.P.H.
13	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. J. BROOKS, M.R.C.S., L.R.C.P., D.P.H.
14	A. V. STOCKS, M.A., M.B., B.Ch., D.P.H.	T. S. JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. D. LONGBOTTOM, M.B., Ch.B., D.P.H. R. RHYDWEN, <i>D.S.C.</i> , M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
15	J. E. SPENCE, M.B., Ch.B., D.P.H.	G. T. CRIBB, M.B., Ch.B. *FRANCES H. MCKANE, M.B., Ch.B. *A. E. WALL, M.B., Ch.B., D.P.H.
16	E. H. WALKER, M.B., Ch.B., D.P.H.	MARJORIE T. DARE, M.B., Ch.B. J. N. DOBSON, M.B., Ch.B., D.P.H. BARBARA M. KNIGHT, M.B., Ch.B., D.P.H.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. MARY EVANS, M.B., Ch.B., D.P.H. *MARY L. GILCHRIST, M.B., Ch.B.

\* Part-time.

‡ Also engaged in Divisions 5 and 8.

**Senior Dental Officer :**

I. F. McASH, L.R.C.P., L.R.C.S., L.R.F.P.S., H.D.D., L.D.S.

**Dental Officers :**

H. ACKERS, M.B., Ch.B., B.D.S., F.R.C.S., L.R.C.P.  
R. ACKERS, L.D.S.  
H. J. APLEYARD, L.R.C.P. & S., L.R.F.P.S., L.D.S.  
T. N. ASHALL, L.D.S.  
T. A. M. ASHMAN, L.D.S.  
\*A. E. BUTLER, L.D.S.  
MARGARET E. CALDWELL, L.D.S.  
\*R. V. CLARKE, L.R.C.P. & S., L.D.S.  
G. H. CRAINE, B.D.S.  
E. CROSBIE, L.D.S.  
J. B. DAVIS, L.D.S.  
F. J. W. DEWHURST, L.D.S.  
\*R. HAWKSWORTH, L.D.S.  
\*T. F. HEALEY, L.D.S.  
J. S. HIGHAM, B.D.S.  
R. E. HODGSON, B.D.S.  
V. HOWORTH, L.D.S.  
L. A. JONES, L.D.S.  
ANNIE M. KEAN, L.D.S.  
J. KERSHAW, L.M.S.S.A., L.D.S.  
W. A. LINNELL, L.D.S.  
T. G. LLOYD, L.D.S.

F. LOMAX, L.D.S.  
F. D. MANNERS, L.D.S.  
\*L. MASON, L.D.S.  
IRENE MICHAEL, L.D.S.  
E. V. POLLITT, L.D.S.  
A. W. POOLE, L.D.S.  
B. H. REID, L.D.S.  
G. C. ROYLEY, L.D.S.  
J. N. SAWLEY, L.D.S.  
A. E. SHAW, B.D.S.  
\*J. W. SIDEBOTTOM, L.D.S.  
H. O. SILCOCK, L.D.S.  
I. D. J. SMITH, L.D.S.  
L. E. STIRZAKER, L.D.S.  
H. V. O. TRENATH, L.D.S.  
A. C. WALKER, L.D.S.  
\*T. K. WHITAKER, L.D.S.  
T. H. WIGNALL, L.D.S.  
F. W. WILLIAMS, B.D.S.  
FRANCES I. WILSON, L.D.S.  
L. C. WINSTANLEY, L.D.S.  
\*W. A. WOLFENDALE, L.D.S.  
\*W. WRIGHT, L.D.S.

\* Part-time.



## Ophthalmic Surgeons (part-time) :

E. ALLEN, M.B., Ch.B.	MONICA LOW, M.R.C.S., L.R.C.P., D.O.M.S.
H. B. BARKER, M.B., B.S., M.R.C.S., L.R.C.P.	N. MACINNES, M.A., M.B., Ch.B.
J. BERKSON, M.B., Ch.B., D.A., D.O.M.S.	J. M. MORRISON, M.B., Ch.B.
T. S. BLACKLIDGE, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.	G. A. RENWICK, M.B., Ch.M.
J. M. BRODRICK, M.R.C.S., L.R.C.P.	R. S. RITSON, M.A., M.B., Ch.B.
K. R. BROWN, <i>M.C.</i> , M.B., Ch.B., D.O.M.S., D.O.	R. S. SCOTT, M.B., B.Ch., F.R.C.S., L.R.C.P.
P. A. HARRY, M.D., Ch.B., D.P.H.	DOROTHY SIMMONS, M.B., Ch.B.
MARY R. HUGHES, M.B., Ch.B., D.O.M.S.	H. B. SMITH, M.B., B.Ch., B.A.O., M.Ch.(Ophth.), D.O.M.S.
C. JACOBS, <i>M.C. (Bar)</i> , M.D., B.S.	S. B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.
H. C. KODILINYE, M.B., Ch.B., D.O.M.S., D.O.	W. SYKES, L.R.C.P., L.R.C.S., L.R.F.P.S.
W. E. LAWSON, M.B., Ch.B., D.P.H.	H. V. WHITE, <i>M.C.</i> , M.D., Ch.B., L.M.S.S.A.
	J. M. WISHART, M.B., Ch.B., F.R.C.S.

## Consultant Obstetricians :

W. R. ADDIS, <i>M.C.</i> , M.B., Ch.B., F.R.C.O.G.	P. MALPAS, M.B., Ch.M., F.R.C.S., L.R.C.P., F.R.C.O.G.
R. H. J. M. CORBET, M.B., B.Ch., M.A.O., F.R.C.S., F.R.C.P., F.R.C.O.G.	C. MCINTOSH MARSHALL, M.B., Ch.B., F.R.C.S.
W. DONOVAN, M.B., B.Ch., B.A.O., D.Obst.R.C.O.G.	NORA W. MARSHALL, M.B., B.S.
MARY EVANS, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P., M.R.C.O.G.	W. M. MARTIN, <i>M.C.</i> , M.D., Ch.B., D.Obst.R.C.O.G., D.P.H.
R. EVERETT, M.B., Ch.B., F.R.C.S., M.R.C.O.G.	MARY H. MAYEUR, M.D., B.S., F.R.C.S., M.R.C.O.G.
C. J. K. HAMILTON, M.B., B.Ch., F.R.C.S., L.R.C.P., F.R.C.O.G.	R. NEWTON, M.D., Ch.B., M.R.C.S., L.R.C.P., F.R.C.O.G.
T. NEVILLE HART, <i>M.B.E.</i> , M.R.C.S., L.R.C.P., M.R.C.O.G.	LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
H. C. HASLAM-FOX, M.B., Ch.B.	W. EWART C. THOMAS, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., M.R.C.O.G.
S. B. HERD, M.D., Ch.B., F.R.C.O.G.	C. H. WALSH, M.B., Ch.B., F.R.C.O.G., D.P.H.
E. HOLMES, M.B., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G.	D. C. WISEMAN B.Sc., M.B., Ch.B., F.R.C.S., M.R.C.O.G.
T. E. LENNON, M.D., Ch.B., M.R.C.O.G.	

## Welfare Services Officer :

J. H. TYRRELL

## Ambulance Service Organiser :

T. PEARSON

## County Sanitary Officers :

J. C. ALMOND      H. BARLOW      J. ECKERSLEY      T. PICKERING

## Supervisor of Midwives :

MISS V. R. SHAND

## Superintendent School Nurse and Health Visitor :

MISS E. ROBINSON

## Superintendent of Home Nurses :

MISS L. JONES

185 Health Visitors/School Nurses.  
 \*222 Midwives. † 200 Home Nurses.  
 26 Duly Authorised Officers.  
 2 Home Help and Welfare Organisers.  
 13 Divisional Ambulance Superintendents.  
 44 Matrons of Nurseries.

35 Tuberculosis Health Visitors.  
 93 Nurse/Midwives.  
 9 Female Mental Health Workers.  
 4 Supervisors of Occupation Centres.  
 39 Home Teachers of the Blind.

\* Includes 2 part-time.

† Includes 15 part-time.

## County Analyst :

G. H. WALKER, Ph.D., B.Sc., F.R.I.C.

# REPORT

## OF THE

# MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1948.

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*To the Chairman and Members of the Lancashire County Council.*

I have the honour to submit for your consideration the sixtieth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1948, together with the vital statistics relative to that period.

The report contains an account, together with certain statistics, of the new services which have become the responsibility of the County Council as a Local Health Authority under the National Health Service Act, 1946.

It is satisfactory to note that the infant mortality rate has been much reduced, and at 40 per thousand live births—a reduction of 7 per thousand as compared with the rate for 1947—was the lowest ever recorded.

The maternal mortality rate of 1·07 per thousand total births was also the lowest recorded.

The crude death-rate of 11·74 per thousand estimated civilian population, although only slightly below the previous low record figure of 11·87 in 1930, applies to an ageing population, and therefore the lowering of the rate is of greater significance, though for the same reason a reversal of this trend must ultimately take place.

The live birth-rate at 17·21 per thousand showed a decrease of 3·27 compared with that for 1947, and a decrease of 1·08 as compared with the average rate for the five years 1943-47.

Of the infectious diseases, the death-rate for pulmonary tuberculosis was again a low record and at 0·34 per thousand estimated civilian population compares favourably with the provisional rate for England and Wales of 0·44. There were 202 notifications of diphtheria with 11 deaths, as against the previous lowest figure of 327 notifications and 12 deaths in 1947. For the tenth successive year no case of smallpox has occurred, and there was a marked decline in the notifications of acute poliomyelitis and acute poliomyelitis, 59 cases being notified with 10 deaths as against 375 cases with 36 deaths in 1947. There was a very considerable increase in the notifications of scarlet fever—5,287 as compared with 2,996 in 1947. The infection, however, continues to be of a mild type and only 4 deaths were recorded. Measles notifications were reduced by 772 to 21,605 and the number of deaths by 4 to 26. On the other hand, whooping cough notifications at 6,409 showed an increase of 2,688 over the previous year, and the number of deaths increased by 7 to 39. There were 30 notified cases of typhoid and para-typhoid fever with 2 deaths as against 23 notifications and no deaths in 1947.

The figures quoted above, which may be considered indicative of the efficiency of preventive measures, are highly satisfactory, and the means by which they have been achieved are worthy of renewed attention. They are, in fact, largely the product of those environmental and personal health services directed over many decades by local authorities in accordance with the national policy, and so organised that the advantages of more exact knowledge and of new discoveries have been made readily available to the public.

The remarkable success which has attended the application of modern therapeutic measures may, however, obscure the value of those basic health services which, though less dramatic, have a lasting beneficial effect upon the public health. The demand for the facilities provided under the National Health Service Act indicates that there is still a vast amount of ill-health, much of which can be prevented.

What has been achieved in the field of public health should be considered rather as an example of what may be contributed towards the health and efficiency of the nation by medical services so organised that the preventive and curative branches work together under uniform conditions. With regard to the health services provided by the County Council, it is now apparent that the Divisional Scheme provides a suitable method of organisation for the Administrative County and, in particular, has facilitated the integration of health and welfare services under one administration.

To the Chairmen and Members of the Divisional Committees I wish to express my sincere thanks for their interest and co-operation, and I would also convey to the Divisional Medical Officers and their staffs my warm appreciation of the help they have given in putting into operation the policies delegated to the Divisional Committees.

The transfer of medical services to the Regional Boards, the taking over of new services, and the complete reorganisation which has taken place, have been carried out with a smoothness and efficiency which reflects great credit to the administrative staff of the Health Department, and particularly to the experienced heads of sections, who have been mainly responsible for the numerous administrative directives which have been issued.

To the members of the Public Health and Housing Committee and the Health Committee I am most grateful for their helpful and considerate administration during a most difficult period, and in presenting this report to the County Council I also wish to thank the members for the interest and support they have given at all times to the work of the Health Department.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. HALL,

County Medical Officer of Health.

Health Department,  
County Offices, Preston.  
*April, 1950.*



## STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

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**Physical features and general character of the County.**—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County, the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts to some 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Coniston Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to over 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leek, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Coniston (the third largest lake in England) and Esthwaite. Two-thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas—the latter naturally being almost coterminous with the Lancashire coalfield. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred around textile works, mining and quarrying.

**Area of Administrative County.**—The area of the Administrative County *as constituted on the 31st December, 1948*, was 1,037,662 statute acres. No change of boundary affecting the County area took place during the year.

The acreage of each County district, compiled in accordance with the Registrar-General's Census of England and Wales, 1931—County of Lancaster (Part II), incorporating alterations of boundary effected by the first general review of districts under Section 46 of the Local Government Act, 1929, and subsequent alterations, is given in Table 2, pages 152 to 159.

In the preparation of tables and statistics for this report, all adjustments necessary on account of the alteration of districts have been made, unless otherwise stated.

**Population of Administrative County.**—The Registrar-General's mid-1948 estimate of the civilian population of the Administrative County was 2,007,150, an increase of 47,990 over the estimate of 1,959,160 for 1947. The total civilian population of the urban districts was estimated to be 1,719,667 and that of the rural districts 287,483.

The *natural* increase in the population of the Administrative County, i.e., the excess of births over deaths, was 10,992, compared with 14,623 in 1947.

The Census, 1931, population of the Administrative County in terms of its geographical constitution at the 31st December, 1948, i.e., adjusted in accordance with alterations of boundaries since the census, was 1,779,809 (urban districts 1,564,210, rural districts 215,599). The mid-1948 estimate therefore represents an increase of 12·7 per cent.—227,341 of population—over the census figure, the percentage increases for the urban and rural districts being 9·9 and 33·3 respectively.

The tabular statement below shows the population of the Administrative County and of the urban and rural districts *at the date of the Census, 1931*, together with the estimates for the succeeding years:—

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1931	1,795,073	—	1,531,112	—	263,961	—
1932	1,802,700	+ 7,627	1,536,200	+ 5,088	266,500	+ 2,539
1933	1,802,730	+ 30	1,570,232	+ 34,032	232,498	— 34,002
1934	1,807,090	+ 4,360	1,580,659	+ 10,427	226,431	— 6,067
1935	1,821,100	+ 14,010	1,591,510	+ 10,851	229,590	+ 3,159
1936	1,842,900	+ 21,800	1,606,500	+ 14,990	236,400	+ 6,810
1937	1,859,200	+ 16,300	1,616,700	+ 10,200	242,500	+ 6,100
1938	1,880,600	+ 21,400	1,631,900	+ 15,200	248,700	+ 6,200
1939	1,904,100	+ 23,500	1,643,500	+ 11,600	260,600	+ 11,900
1940	1,900,870	— 3,230	1,632,840	— 10,660	268,030	+ 7,430
1941	1,918,320	+ 17,450	1,641,020	+ 8,180	277,300	+ 9,270
1942	1,885,600	— 32,720	1,611,300	— 29,720	274,300	— 3,000
1943	1,848,650	— 36,950	1,580,760	— 30,540	267,890	— 6,410
1944	1,837,800	— 10,850	1,575,900	— 4,860	261,900	— 5,990
1945	1,832,420	— 5,380	1,575,290	— 610	257,130	— 4,770
1946	1,924,880	+ 92,460	1,655,920	+ 80,630	268,960	+ 11,830
1947	1,959,160	+ 34,280	1,684,130	+ 28,210	275,030	+ 6,070
1948	2,007,150	+ 47,990	1,719,667	+ 35,537	287,483	+ 12,453

*Note :* During the years 1939-48 non-civilians are excluded.

Table 2, pages 152 to 159, shows the estimated civilian population of each County district as at 30th June, 1948, together with the Census, 1931, enumerations adjusted in accordance with the alterations of districts since the latter date.

The following table gives the area, population, persons per acre, and acres per person of the Administrative County *as constituted on the 31st December, 1948*, distributed among the non-county boroughs, urban and rural districts:—

	Area in acres, 31/12/1948	Population		Persons per acre	Acres per person
		Census, 1931 (adjusted)	Estimated civilian population, mid-1948		
Municipal Boroughs (26) .....	123,684	840,676	879,230	7.10	0.14
Urban Districts (68) .....	248,956	723,534	840,437	3.37	0.29
Rural Districts (15) .....	665,022	215,599	287,483	0.43	2.31
Administrative County (109) .....	1,037,662	1,779,809	2,007,150	1.93	0.51



## VITAL STATISTICS

**Summary of Vital Statistics, 1889-1948.**—The following table compares the County birth and death-rates for the year 1948 with the previous year, and with the 59 years, 1889-1947, grouped in quinquennial periods:—

	Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 <i>live</i> births	Per 1,000 <i>total</i> (live and still) births	
Mean of 5 years—							
1889-1892 (4 years) .....	30.60	19.02	*1.06	—	—	—	154
1893-1897 .....	29.42	18.03	1.25	—	—	—	161
1898-1902 .....	26.98	16.58	1.04	—	—	—	161
1903-1907 .....	25.32	14.82	0.89	0.66	—	—	138
1908-1912 .....	23.11	13.96	0.85	0.77	—	—	122
1913-1917 .....	19.75	14.35	0.93	0.99	4.90	—	110
1918-1922 .....	18.90	13.91	0.82	1.11	5.12	—	91
1923-1927 .....	15.98	12.44	0.66	1.25	5.26	—	79
1928-1932 .....	13.99	12.58	0.57	1.43	5.33	—	70
1933-1937 .....	13.39	12.78	0.47	1.54	5.24	4.98	62
1938-1942 .....	14.70	13.00	0.42	1.65	3.48	3.33	56
1943-1947 .....	18.29	12.97	0.39	1.85	2.04	1.98	48
Year—							
1947 .....	20.48	13.02	0.38	1.86	1.39	1.35	47
1948 .....	17.21	11.74	0.34	1.83	1.09	1.07	40
Increase or decrease in 1948 on—							
Mean of 5 years, 1943-47 .....	— 1.08	— 1.23	— 0.05	— 0.02	— 0.95	— 0.91	— 8
Previous year .....	— 3.27	— 1.28	— 0.04	— 0.03	— 0.30	— 0.28	— 7

\* Three years.

*Note:* The death-rates given in this Report for the County area and for the County districts are (except where otherwise stated) “unweighted” or “crude” rates, i.e., they are neither “standardised” nor “corrected”.

**Live Births and Birth-rates.**—The number of live births belonging to the Administrative County and registered during the year ended 31st December, 1948, was 34,561—a decrease of 5,576 compared with the figure of 40,137 in 1947. In 1946, the live births numbered 35,464 or 903 more than in the year under report.

The sex of the children born alive during 1948 is shown below. For comparative purposes, the figures for the previous year and for 1938—the last year before the war—are also given:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1938	11,641	11,255	22,896	1,847	1,850	3,697	13,488	13,105	26,593
1947	18,083	17,068	35,151	2,564	2,422	4,986	20,647	19,490	40,137
1948	15,446	14,617	30,063	2,302	2,196	4,498	17,748	16,813	34,561

The 34,561 live births credited to the Administrative County represent a birth-rate of 17.21 per 1,000 of the estimated civilian population—a decrease of 3.27 per 1,000 compared with the rate for the previous year, and of 1.08 compared with the average rate for the five years, 1943-47.

The rate for the total urban districts in 1948 was 17.48 per 1,000 of the population, and that for the rural districts 15.64, representing decreases of 3.39 and 2.48 respectively from those for the previous year.

As a matter of interest the live birth-rates for each of the last 60 years and for the quinquennial periods are given in Table 1 on page 151.

The live birth-rate for the Administrative County has invariably been below the rate for England and Wales, and the 1948 figure is no exception, being 1.0 per 1,000 less than that for the country as a whole.

The following table shows the County, urban and rural live birth-rates for the 10 years 1939 to 1948, and for comparative purposes the birth-rates for the whole country are also given. All the rates are calculated per 1,000 of the estimated civilian population:—

	Live birth-rate per 1,000 of the estimated population									
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Urban Districts .....	14.11	14.37	14.76	16.07	17.38	18.65	16.63	18.63	20.87	17.48
Rural Districts .....	15.12	14.87	14.55	15.42	16.98	18.61	16.50	17.09	18.12	15.64
Administrative County .....	14.25	14.44	14.73	15.97	17.32	18.64	16.62	18.42	20.48	17.21
England and Wales .....	14.9	14.8	14.9	17.0	18.1	19.8	17.8	20.2	21.1	*18.2

\* Provisional figures.

The excess of births over deaths in the Administrative County for the 10 years, 1939-48, is shown below:—

*Excess of births over deaths :*

Year 1939 .....	2,202	Year 1944 .....	10,655
„ 1940 .....	196	„ 1945 .....	6,411
„ 1941 .....	3,207	„ 1946 .....	11,179
„ 1942 .....	6,898	„ 1947 .....	14,623
„ 1943 .....	7,508	„ 1948 .....	10,992

The number of births in each municipal borough, urban and rural district, together with the corresponding birth-rates, is given in Table 2, pages 152 to 159. On pages 193 to 211 the live birth-rate for each County district is compared with that for the previous year and with the average rate for the preceeding five years, 1943-47.

ILLEGITIMATE LIVE BIRTHS.—The births of illegitimate children belonging to the Administrative County and registered during the year 1948, compared with those registered in the previous year and in 1938, are shown below:—

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1938	860	+ 48	+ 5.9	3.23
1947	1,616	— 256	— 13.6	4.02
1948	1,473	— 143	— 8.8	4.26

It will be seen that the number of illegitimate live births at 1,473 was 143 less than the figure for the previous year, a percentage decrease of 8.8. The proportionate decrease in the total live births as compared with those for 1947 was, however, somewhat greater, so that the percentage of illegitimate to total live births rose from 4.02 in 1947 to 4.26 in the year under report. At 4.26 it was 0.97 less than the average percentage for the preceeding five years, 1943-47.

STILLBIRTHS.—The number of registered stillbirths assigned to the Administrative County during 1948 was 920, or 146 less than in the previous year. The resultant rate of 25 per 1,000 total (live and still) births equalled that of 1947, which was the lowest ever recorded in the County. The provisional stillbirth rate for England and Wales in 1948 was 23.1 per 1,000 total births. Expressed per 1,000 of civilian population, the Administrative County rate was 0.45, against a provisional rate of 0.43 for the whole country.



The following table shows the number of stillbirths and the equivalent rates per 1,000 total births for the three post-war years and for the last pre-war year, 1938:—

Year	Total No. of live and stillbirths registered	No. of stillbirths registered	Rate per 1,000 total births
1938	27,945	1,352	48
1946	36,601	1,137	31
1947	41,203	1,066	25
1948	35,481	920	25

The local variation in the stillbirth rates in the area of the Administrative County is shown in Table 2, pages 152 to 159.

**Deaths and Death-rates.**—The total number of deaths registered in the Administrative County during 1948, after correction for inward and outward transfers, was 23,569—a decrease of 1,945 as compared with the figure of 25,514 for the previous year, and the lowest number registered since 1942 when there were 23,229.

The sex distribution of the persons dying during 1948 is shown below. The figures for the previous year and for 1938—the last year before the war—are given for comparative purposes:—

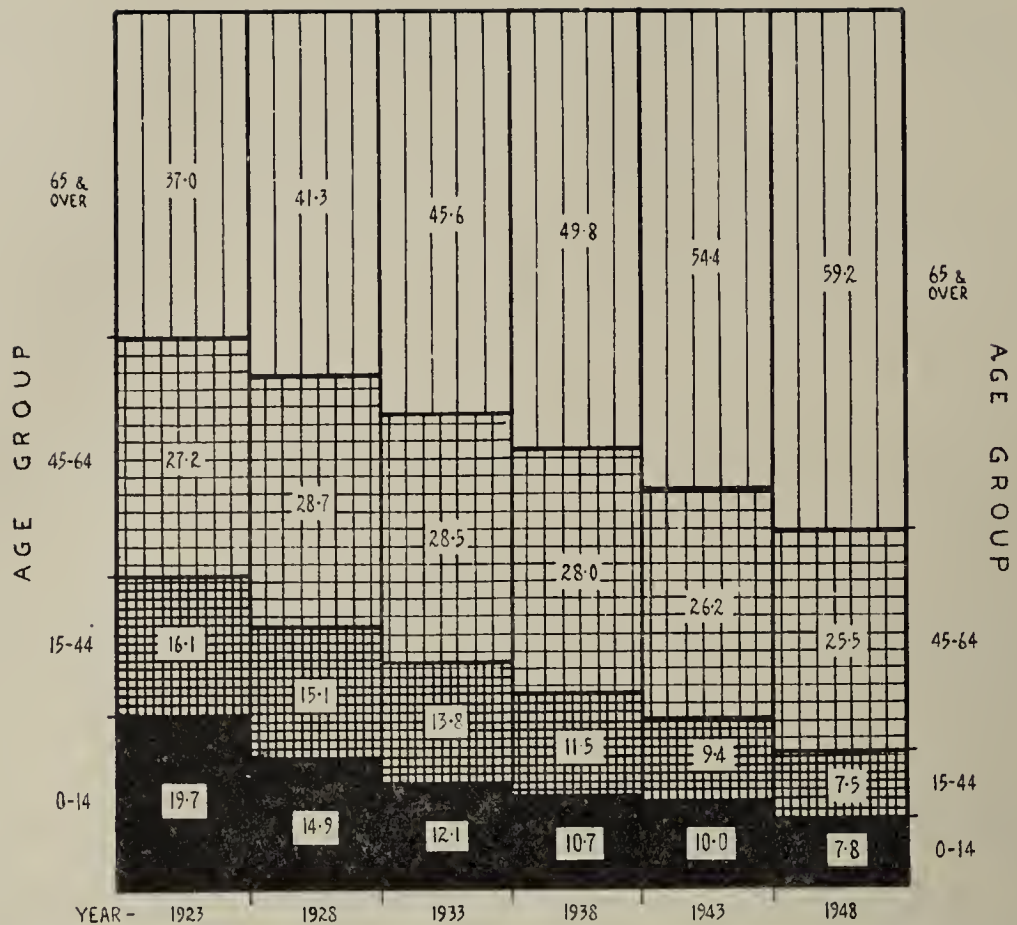
Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1938	10,278	10,095	20,373	1,394	1,363	2,757	11,672	11,458	23,130
1947	11,491	10,835	22,326	1,653	1,535	3,188	13,144	12,370	25,514
1948	10,642	9,999	20,641	1,551	1,377	2,928	12,193	11,376	23,569

The following table compares, in age periods, the deaths in 1948 with those in each of the previous ten years:—

Year	Deaths in age periods											Total
	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	
1938	1,463	238	319	460	628	818	1,223	2,170	4,299	6,262	5,250	23,130
1939	1,549	168	220	380	561	862	1,204	2,281	4,550	6,831	6,238	24,844
1940	1,636	533		431	2,976			7,722		13,969		27,267
1941	1,754	584		477	2,868			6,720		12,653		25,056
1942	1,593	386		350	2,427			6,365		12,108		23,229
1943	1,735	409		304	2,308			6,429		13,341		24,526
1944	1,594	337		338	2,118			6,223		13,003		23,613
1945	1,525	324		293	2,007			6,241		13,654		24,044
1946	1,664	250		210	2,047			6,206		13,908		24,285
1947	1,891	285		213	1,990			6,216		14,919		25,514
1948	1,387	257		189	1,761			6,018		13,957		23,569

A pleasing feature revealed by the above analysis is that, of the decrease in the total number of deaths, the reduction relative to children under 1 year of age shows the greatest proportionate fall recorded in any age group, being some 26 per cent. less than the figure for 1947. It will also be noted that the figure of 1,387 infant deaths is lower than any recorded during the previous decade, despite the fact that the number of live births in 1948 is greater than that for any year of the period except 1946 and 1947. The improvement in infant mortality statistics is discussed further on page 24.

An examination of other age groups shows that in 1948 nearly three-fifths of the total deaths occurred amongst persons of 65 years of age or more, whilst less than 8 per cent. occurred amongst children aged 0-14 years. A comparison of these proportions with those of some 25 years ago indicates that a remarkable redistribution of deaths at different ages has taken place, and this is clearly illustrated by the following diagram which shows, at five-yearly intervals throughout the period, the proportions of deaths in specified age groups to total deaths.



It will be seen that, whilst the proportion of deaths in the 45-64 age group has shown little variation throughout the period, the proportion in each of the two lower age groups has decreased to less than half of what it was in 1923, and that in the group 65 years and over has increased by almost two-thirds.

This considerable change is, of course, linked with that which has been taking place in the age constitution of the population, due mainly to increasing longevity and the generally downward trend of the birth-rate since the beginning of this century. It has been apparent for some considerable time that there is a growing preponderance of older people whose risk of dying is naturally greater than that of persons at any other period of life, and this is confirmed by the recently issued publication of the Registrar-General, "Estimates of the Sex and Age Distribution of the Civilian Population in Regions and Administrative Areas of England and Wales at 31st December, 1947." This increasing proportion of older people in the population is reflected most notably in the rise in mortality from such conditions as heart disease, cancer and intra-cranial vascular lesions, which chiefly affect people of advanced years.

At the other end of the age scale the relatively low birth-rate in the pre-war years has eventually reflected itself in a decreased proportion of the total population which falls in the lower age groups and, as a corollary, a diminution in the proportion of potential mortality within these groups. This, together with the considerable decrease in infant and child mortality during recent years, has brought about the large reduction in the proportion of deaths in the lower age groups to total deaths.

A classified statement of the causes of death in 1948, by age groups and sex, for the aggregates of the urban and rural districts is given in Table 4, page 165.

The crude death-rate for the Administrative County for 1948 at 11.74 per 1,000 of the estimated civilian population was 1.28 less than that for the previous year, and was the lowest ever recorded for the County. The previous lowest was that of 11.87 in 1930. The rates for the total urban and the total rural districts at 12.00 and 10.18 respectively were also the lowest on record.

The County death-rate for 1948 was, as usual, higher than that for the whole country, being 0.7 greater than the provisional rate of 11.0 per 1,000 estimated civilian population for England and Wales.

The following table shows the crude death-rates of the County from 1939 to 1948, together with those for the urban and rural areas and for England and Wales. All rates are calculated per 1,000 estimated civilian population.

	Crude death-rate per 1,000 of the estimated population									
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Urban Districts .....	13.33	14.78	13.40	12.59	13.51	13.02	13.39	12.82	13.25	12.00
Rural Districts .....	11.20	11.63	11.03	10.68	11.79	11.64	11.45	11.32	11.59	10.18
Administrative County .....	13.04	14.34	13.06	12.31	13.26	12.84	13.12	12.61	13.02	11.74
England and Wales .....	12.1	14.3	13.5	12.3	13.0	12.7	12.6	12.0	12.3	*11.0

\* Provisional figure.



The annual death-rates and quinquennial averages since the year 1889 for the County and the aggregated urban and rural districts are given in Table 1 on page 151. The crude death-rate and certain specific mortality rates in 1948 for each County district are compared on pages 193 to 211 with those of the preceding year and with the averages of the preceding five years.

Details of the deaths in the various sanitary areas, classified under the headings given in the Abridged List of Causes as used in England and Wales and Northern Ireland (Manual of the International List of Causes of Death, 1938), are given in Table 3, pages 160 to 164, and are shown for each district by sex in Table 2, pages 152 to 159.

PRINCIPAL CAUSES OF DEATH.—The relative importance of the principal causes of death is shown in the following table:—

Cause of death	1948	
	No. of deaths	Percentage to total deaths
Heart disease .....	7,148	30.3
Cancer .....	3,691	15.6
Intra-cranial vascular lesions .....	2,877	12.2
Bronchitis.....	1,372	5.8
Other diseases of circulatory system .....	914	3.8
Congenital malformations, birth injury, infantile disease and premature birth .....	910	3.8
Violence (including suicide and road traffic accidents)	881	3.7
Tuberculosis (all forms) .....	814	3.4
Pneumonia (all forms) .....	675	2.8
Nephritis .....	572	2.4
Other digestive diseases .....	463	1.9
*Certain infectious diseases .....	202	0.8
Diabetes .....	198	0.8
Ulcer of stomach or duodenum .....	190	0.8

\* Includes smallpox, measles, scarlet fever, whooping cough, diphtheria, typhoid and paratyphoid fevers, and diarrhoea (under 2 years).

An examination of the age-grouping of some of the principal causes of death reveals that, of the 7,148 deaths ascribed to heart disease, 5,250 or 73.4 per cent. were of persons over 65 years of age; of the 3,691 cancer deaths, 1,982 or 53.6 per cent.; of the 2,877 due to intra-cranial vascular lesions, 2,161 or 75.1 per cent.; whilst of the 1,372 deaths attributed to bronchitis, there were 870 or 63.4 per cent.

In the paragraphs following reference is made to the direct contribution to mortality of the chief causes of death. As mentioned in the note on page 13, the death-rates, unless otherwise stated, are "crude" rates, and in considering the statistics the ageing of the population should be borne in mind. The "crude" death-rates of diseases mainly affecting elderly people, such as heart disease, cancer, intra-cranial vascular lesions, etc., overstate the real mortality average.

HEART DISEASE.—The number of deaths in 1948 classified under the heading "heart disease", viz., 7,148 (males 3,585; females, 3,563), was 272 less than the figure for the previous year and was equivalent to a death-rate of 3.56 per 1,000 of the estimated civilian population. This was a decrease of 0.22 per 1,000 compared with the rate for 1947. It was, as usual, considerably larger than that for any other item in the list of causes of death and represented 30.3 per cent. of the total deaths from all causes.

The following table shows the increase in the fatalities from heart disease during the past 20 years:—

Year	No. of deaths	Crude death-rate per 1,000 population	Year	No. of deaths	Crude death-rate per 1,000 population
1929	4,523	2.49	1939	7,085	3.72
1930	4,230	2.34	1940	6,571	3.45
1931	4,824	2.67	1941	5,960	3.10
1932	4,823	2.67	1942	5,884	3.12
1933	5,232	2.89	1943	6,150	3.32
1934	5,052	2.79	1944	6,311	3.43
1935	5,444	2.98	1945	6,641	3.62
1936	6,012	3.26	1946	6,873	3.57
1937	6,217	3.34	1947	7,420	3.78
1938	6,224	3.30	1948	7,148	3.56

In the table below are given the numbers of deaths from heart disease at various age periods in the urban and rural districts and the Administrative County during 1948. For comparative purposes the figures for the previous year and for 1938 are also given:—

Year	Urban Districts						Rural Districts						Administrative County					
	All ages	0–	5–	15–	45–	65–	All ages	0–	5–	15–	45–	65–	All ages	0–	5–	15–	45–	65–
1938	5,428	2	23	303	1,486	3,614	796	—	1	39	198	558	6,224	2	24	342	1,684	4,172
1947	6,423	—	6	209	1,423	4,785	997	—	3	32	219	743	7,420	—	9	241	1,642	5,528
1948	6,197	2	11	228	1,411	4,545	951	—	2	21	223	705	7,148	2	13	249	1,634	5,250

CANCER.—Deaths from cancer assignable to the Administrative County during 1948 accounted for 3,691 or 15·6 per cent. of the total deaths from all causes. This number was 40 in excess of that for the previous year. The resultant mortality rate of 1·83 per 1,000 of the estimated civilian population was, however, 0·03 less than that for 1947 and 0·02 less than the average rate for the preceding five years, 1943-47. The rates for the total urban districts and total rural districts were 1·86 and 1·65 per 1,000 respectively.

The table below gives the numbers of deaths assigned to cancer, together with the death-rates since 1900, the first year for which cancer records for the Administrative County are available. For comparative purposes, the rates for England and Wales are also given. The rates shown, both for the Administrative County and for England and Wales, from 1939 onwards are calculated per 1,000 estimated civilian population:—

Year	No. of deaths	Death-rate per 1,000 pop'n.		Year	No. of deaths	Death-rate per 1,000 pop'n.	
		Administra- tive County	England and Wales			Administra- tive County	England and Wales
1900	1,072	0·54	0·90	1925	2,273	1·27	1·33
1901	1,149	0·62		1926	2,312	1·29	1·36
1902	1,113	0·60		1927	2,411	1·33	1·37
1903	1,223	0·65		1928	2,514	1·38	1·42
1904	1,229	0·65		1929	2,560	1·41	1·43
1905	1,164	0·65		1930	2,564	1·41	1·45
1906	1,214	0·69		1931	2,705	1·49	1·48
1907	1,254	0·70		1932	2,688	1·49	1·51
1908	1,283	0·71		1933	2,689	1·48	1·52
1909	1,374	0·75		1934	2,746	1·51	1·56
1910	1,333	0·74	0·99	1935	2,835	1·55	1·58
1911	1,493	0·86		1936	2,954	1·60	1·62
1912	1,466	0·83		1937	2,960	1·59	1·63
1913	1,618	0·93		1938	3,084	1·63	1·66
1914	1,668	0·95		1939	3,087	1·62	1·63
1915	1,577	0·94		1940	3,058	1·60	1·72
1916	1,728	1·06		1941	3,167	1·65	1·78
1917	1,713	1·09		1942	3,333	1·76	1·83
1918	1,727	1·12		1943	3,285	1·77	1·90
1919	1,793	1·07		1944	3,486	1·89	1·90
1920	1,880	1·08	1·22	1945	3,483	1·90	1·93
1921	1,981	1·12		1946	3,567	1·85	1·91
1922	2,063	1·16		1947	3,651	1·86	1·91
1923	2,076	1·17		1948	3,691	1·83	*1·91
1924	2,182	1·22					

\* Provisional figure.

The cancer death-rate for each County district for the year 1948 is given in Table 2, pages 152 to 159, and, on pages 193 to 211, is compared with the rate for the previous year and the average rate for the preceding five years.

In interpreting the crude mortality figures for cancer, two important factors should be borne in mind, i.e., the increasing longevity of the population and greater accuracy in the diagnosis of the disease. It should be remembered, also, that the death-rates are crude rates and are not standardised or corrected for the age and sex constitution of the population of the County.

It will be noted from the above table that the County death-rate from cancer is 0·08 per 1,000 of the estimated civilian population less than the provisional figure for the country as a whole. Only once, in 1931, has the County rate been greater than that for England and Wales.



The following table shows the number of cancer deaths in the County area in certain age periods and by sex during 1948 compared with the previous year and with the last pre-war year, 1938:—

Age groups — Years	1938			1947			1948		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0—	—	3	3	3	4	7	4	3	7
5—	5	3	8	7	1	8	2	2	4
15—	83	143	226	121	143	264	99	120	219
45—	593	730	1,323	689	768	1,457	759	720	1,479
65—	735	789	1,524	981	934	1,915	1,035	947	1,982
All ages	1,416	1,668	3,084	1,801	1,850	3,651	1,899	1,792	3,691

Since 1940 the Registrar-General, in supplying statistics of cancer deaths, has classified them according to the sites affected. The following table shows the site incidence of the cancer deaths in the Administrative County during 1948 as compared with the two previous years:—

Site affected	Sex	1946					1947					1948				
		All ages	0—	15—	45—	65—	All ages	0—	15—	45—	65—	All ages	0—	15—	45—	65—
Buccal cavity and œsophagus .....	M.	143	—	1	33	109	166	—	6	38	122	164	—	—	39	125
Uterus .....	F.	198	—	16	124	58	223	—	19	118	86	188	—	13	100	75
Stomach and duodenum	M.	372	—	21	163	188	392	—	24	158	210	400	—	18	170	212
	F.	325	—	10	112	203	327	—	11	107	209	341	—	12	111	218
Breast .....	M.	3	—	—	2	1	4	—	—	2	2	1	—	—	—	1
	F.	378	—	44	175	159	374	—	43	184	147	348	—	38	160	150
All other sites .....	M.	1,190	7	84	495	604	1,239	10	91	491	647	1,334	6	81	550	697
	F.	958	6	75	371	506	926	5	70	359	492	915	5	57	349	504
All sites—Total .....	M.	1,708	7	106	693	902	1,801	10	121	689	981	1,899	6	99	759	1035
	F.	1,859	6	145	782	926	1,850	5	143	768	934	1,792	5	120	720	947

Mention is made on page 77 of the work done up to the 4th July, 1948, under the scheme of the Lancashire Public Assistance Committee which had been in operation in the Administrative County for some years.

INTRA-CRANIAL VASCULAR LESIONS.—The 2,877 deaths assigned to this condition were 164 less than the figure for the previous year and were equivalent to a death-rate of 1.43 per 1,000 of the estimated civilian population, compared with that of 1.55 per 1,000 for 1947. They represented 12.2 per cent. of the total deaths from all causes.

Below are given the number of fatalities and the equivalent death-rate from this cause for each year since 1940, when the classification was first introduced by the Registrar-General:—

Year	No. of deaths	Crude death-rate per 1,000 population	Year	No. of deaths	Crude death-rate per 1,000 population
1940	2,852	1.50	1945	2,833	1.54
1941	2,527	1.31	1946	2,929	1.52
1942	2,608	1.38	1947	3,041	1.55
1943	2,592	1.40	1948	2,877	1.43
1944	2,748	1.49			

As in the case of heart disease and cancer, this condition is one which principally affects older people. Of the 2,877 deaths assigned to intra-cranial vascular lesions in 1948, 2,161 or 75·1 per cent. were of persons aged 65 years or more. The following table shows the total deaths in the County area in 1948, classified according to certain age groups and by sex, compared with those for the two previous years:—

Age groups — Years	1946			1947			1948		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0—	2	1	3	4	—	4	—	2	2
5—	—	—	—	1	—	1	2	1	3
15—	11	23	34	22	27	49	22	30	52
45—	317	373	690	319	340	659	291	368	659
65—	951	1,251	2,202	1,023	1,305	2,328	933	1,228	2,161
All ages	1,281	1,648	2,929	1,369	1,672	3,041	1,248	1,629	2,877

BRONCHITIS.—There were 1,372 deaths assigned to this cause in the Administrative County during 1948, a decrease of 398 as compared with the figure for the previous year. These were equivalent to a death-rate of 0·68 per 1,000 of the estimated civilian population—0·22 per 1,000 less than the rate for 1947. The rates for the total urban and total rural districts were 0·72 and 0·44 per 1,000 respectively. Of the 1,372 deaths, which represented 5·8 per cent. of the total deaths from all causes, 870 or 63·4 per cent. were of persons aged 65 years and over.

OTHER DISEASES OF CIRCULATORY SYSTEM.—Deaths attributed to this cause during the year under report numbered 914, an increase of 58 on the figure of 856 in the previous year. The equivalent death-rate of 0·45 per 1,000 of the estimated civilian population was 0·02 per 1,000 greater than the rate for 1947. The 914 deaths classified under this heading represented 3·8 per cent. of the total deaths from all causes.

CONGENITAL MALFORMATIONS, BIRTH INJURY, INFANTILE DISEASE AND PREMATURE BIRTH.—There was a decrease of 218 in the number of deaths assigned to this group in 1948. They numbered 910 as compared with 1,128 in the previous year, and represented 3·8 per cent. of the total deaths from all causes. Expressed in terms of 1,000 of estimated civilian population the number of deaths was equivalent to a rate of 0·45, a decrease of 0·12 as compared with that for the previous year. Included under this group of causes were 848 deaths of infants under 1 year of age, representing 61·1 per cent. of all infant deaths during 1948.

VIOLENCE.—Violence, which here includes road traffic accidents and suicides, was responsible for 881 deaths as compared with 908 in the previous year. The equivalent death-rate was 0·43 per 1,000 of the estimated civilian population, 0·03 per 1,000 less than that for 1947. Of the total deaths from all causes, this cause accounted for 3·7 per cent.

TUBERCULOSIS.—*Pulmonary*.—The deaths assigned to the Administrative County during 1948 as due to tuberculosis of the respiratory system numbered 688, or 73 less than in the previous year, and were equivalent to a death-rate of 0·34 per 1,000 of the estimated civilian population. This is the lowest rate ever recorded in the County, the previous lowest being that of 0·38 per 1,000 in 1945 and 1947. The rate for the total urban districts was 0·35, and that for the total rural districts 0·24, the former also being the lowest on record and the latter the lowest with the exception of that of 0·20 in 1938.



Below are given the County death-rates from pulmonary tuberculosis for the years 1939-48 and, for purposes of comparison, the rates for England and Wales. All are calculated per 1,000 estimated civilian population.

Year	Administrative County			England & Wales
	Death-rate per 1,000 of population			Death-rate per 1,000 of population
	Urban	Rural	County	
1939	0.44	0.29	0.42	0.52
1940	0.48	0.31	0.46	0.59
1941	0.46	0.27	0.43	0.60
1942	0.43	0.26	0.41	0.54
1943	0.43	0.29	0.41	0.56
1944	0.44	0.28	0.42	0.52
1945	0.40	0.28	0.38	0.52
1946	0.40	0.32	0.39	0.47
1947	0.40	0.28	0.38	0.47
1948	0.35	0.24	0.34	*0.44

\* Provisional figure.

It will be noted that the rate for the Administrative County is consistently much lower than that for the country as a whole.

The following table shows the male and female deaths from this disease at various age periods during 1948, compared with the previous year and the year 1938:—

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1938	472	330	—	—	2	1	—	9	255	248	183	62	32	10
1947	430	331	1	1	5	4	2	2	187	252	201	41	34	31
1948	394	294	1	3	3	2	4	5	162	214	174	43	50	27

The death-rate from pulmonary tuberculosis (classified as “tuberculosis of the respiratory system”) for each urban and rural district in the County area for 1948 is given in Table 2, pages 152 to 159, and, in pages 193 to 211, is compared with the rate for the previous year and with the average rate for the preceding five years, 1943-47. The deaths ascribed to this disease in each district are shown in Table 3, pages 160 to 164.

*Non-pulmonary.*—The 126 deaths from non-pulmonary tuberculosis in 1948 produced a rate of 0.06 per 1,000 of the estimated civilian population, the same as that for the previous year. In the table below, these deaths are analysed by sex and age groups. The figures for the previous year and for 1938 are also given for comparison:—

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1938	91	86	7	6	17	24	10	7	36	32	12	13	9	4
1947	69	67	2	4	21	14	11	16	19	21	12	10	4	2
1948	57	69	2	7	11	21	12	7	15	20	11	7	6	7

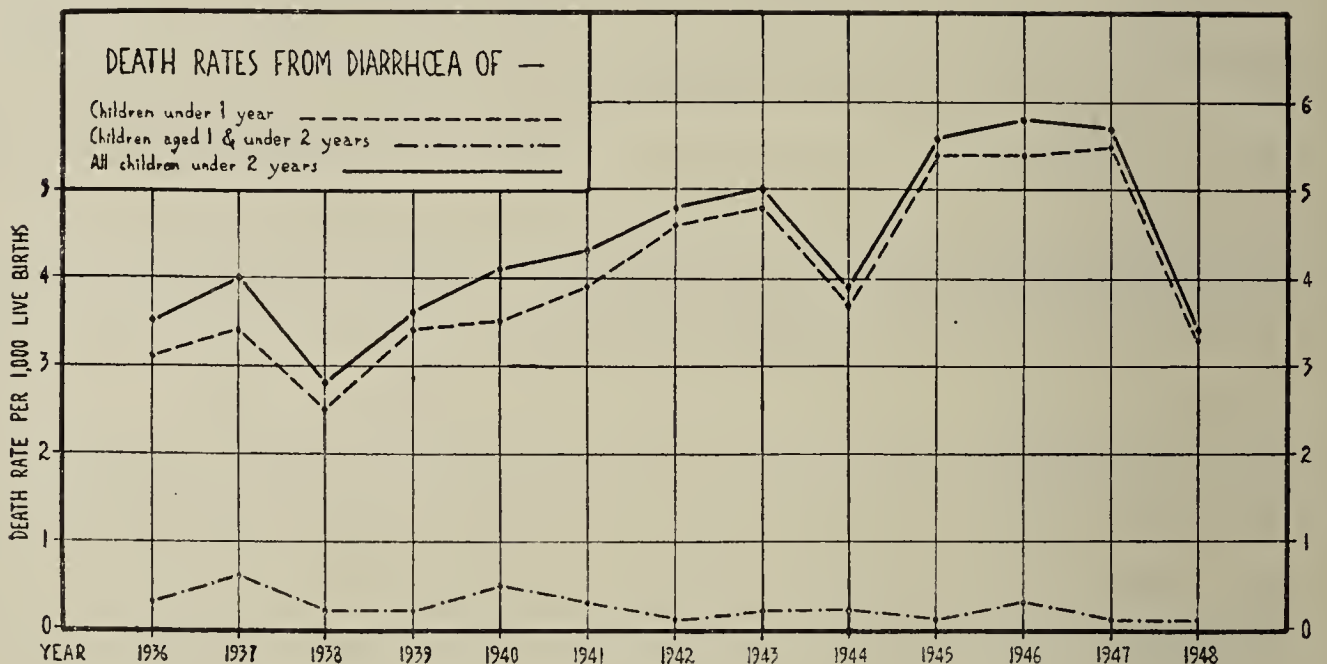
**TRANSFERABLE DEATHS.**—During the year under report the following “transfers” were made:—7,045 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided, and these (known as inward transfers) have been allocated to their proper districts; 6,285 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

**Diarrhoea (under 2 years of age).**—There was a very considerable decrease in the number of deaths of children under 2 years of age registered during 1948 as due to diarrhoea. They totalled 120, or 112 less than in the previous year—a reduction of 48 per cent. The resultant death-rate per 1,000 live births was 3·4, compared with 5·7 in 1947. The corresponding provisional rate for England and Wales was 3·3 per 1,000 live births.

Mention was made in the Reports for 1946 and 1947 of the increasing mortality from diarrhoea amongst children under 2 years of age, and particularly amongst those under 1 year, which has been noted during the war years and subsequently. The rates for 1946 and 1947 in respect of children under 2 years of age had increased by more than 100 per cent. over the corresponding rate for 1938, and, with the exception of 1944, the increase was continuous throughout the period up to 1946. The reduction of more than 40 per cent. in the rate for the year under report as compared with that for the previous year is, therefore, all the more encouraging. As the greater part of this reduction was effected in the mortality of infants under 1 year of age, it has contributed in no small measure to the decrease in infant mortality from all causes which is referred to on page 24.

The above-mentioned trends are illustrated by the graph here inserted which shows, for 1936 and each subsequent year, the mortality rate per 1,000 live births of infants under 1 year of age compared with that of children over 1 and under 2 years and with the rate for all children under 2 years of age.

*Mortality from Diarrhoea (under 2 years of age)*



**Maternal Mortality.**—There was a considerable reduction in the number of maternal deaths in the Administrative County during 1948. Those assigned to puerperal and post-abortive sepsis numbered six, and those due to other maternal causes 32—a total of 38. The corresponding figures for the previous year were 10, 46 and 56 respectively. The mortality rate of 1·07 per 1,000 total (live and still) births produced by the 38 deaths was the lowest ever recorded in the Administrative County, being 0·28 less than the previous low record of 1·35 in 1947.

Of the great advances which have been made in recent years towards the reduction of maternal mortality the Registrar-General, in his Statistical Review of England and Wales for the six years, 1940-45, says “. . . maternal mortality was not improving between 1928 and 1934, but rather the reverse, and this led to intensive studies which resulted in the publication in 1937 of the Ministry of Health’s Report on an Investigation into Maternal Mortality. The investigations throughout the country during the preparation of this report and the action which followed its issue, the discovery of the potency of sulphonamides and later of penicillin in reducing the fatality of sepsis, and the large-scale development of blood transfusion services and of antenatal and postnatal care, have contributed to the remarkable fall in the number of deaths due to diseases of pregnancy, childbirth and abortion from 2,880 in 1934 to 1,262 in 1945. The reduction of the risks of childbirth was then still in progress, and it furnishes a notable example of what can be achieved by the concerted effort of medical specialists, biochemists and public health workers when the national conscience has at last been aroused by the persistent presentation of unpleasant statistical facts.” It is a matter of considerable gratification that the continued decline of the maternal mortality rate in the Administrative County since 1945, when it was 2·32 per 1,000 total (live and still) births, has been so rapid as to produce, in three years, a further reduction of more than 50 per cent.



The following table gives particulars of the mortality of women in or associated with childbirth per thousand total births (live and still) during 1948 and the previous 10 years. The County rates are contrasted with those for England and Wales:—

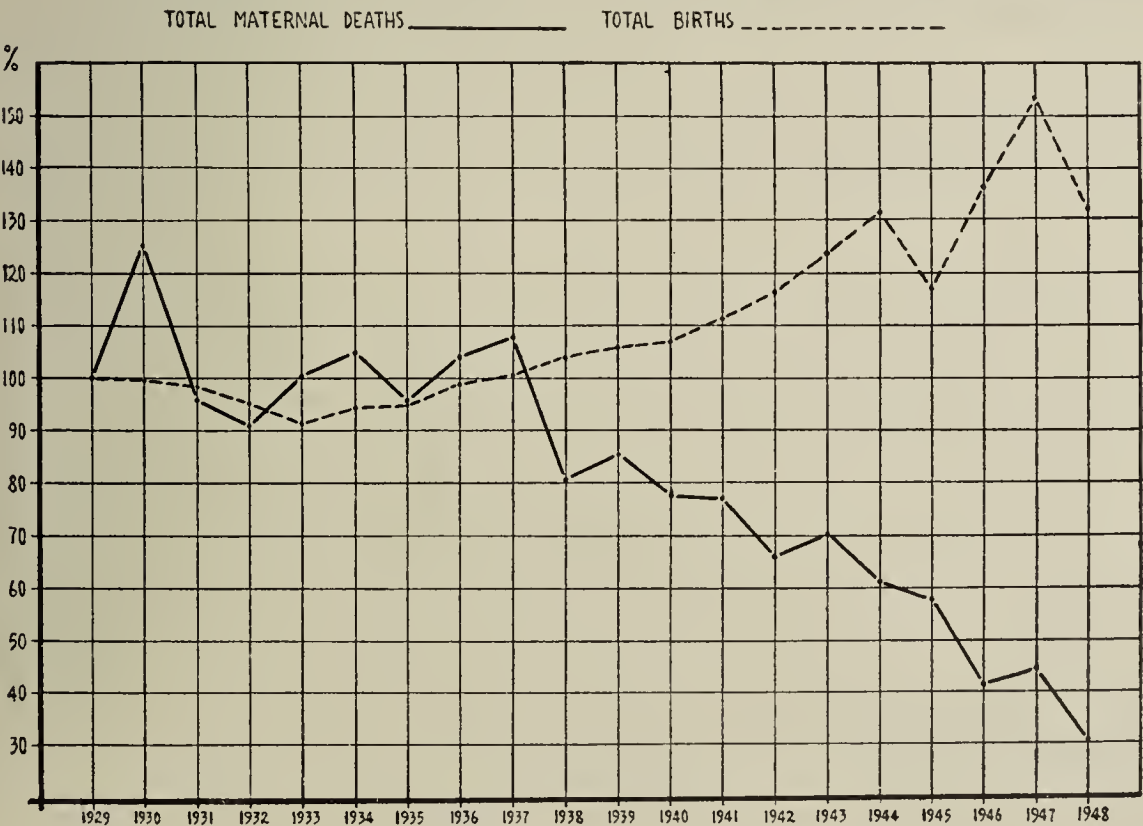
Year	Administrative County							England and Wales		
	No. of total births (live & still)	No. of deaths			Mortality per 1,000 total births			Mortality per 1,000 total births		
		Puerperal and post-abortive sepsis	Other maternal causes	Total	Puerperal and post-abortive sepsis	Other maternal causes	Total	Puerperal and post-abortive sepsis	Other maternal causes	Total
1937	26,961	35	100	135	1.29	3.71	5.00	0.94	2.19	3.13
1938	27,945	26	75	101	0.93	2.68	3.61	0.86	2.11	2.97
1939	*28,406	26	81	107	0.91	2.85	3.76	1.02	2.11	3.13
1940	*28,784	32	66	98	1.11	2.29	3.40	0.81	1.86	2.68
1941	*29,861	24	73	97	0.80	2.44	3.24	0.83	1.96	2.80
1942	31,314	30	53	83	0.95	1.69	2.65	0.77	1.71	2.48
1943	33,272	27	61	88	0.81	1.83	2.64	0.73	1.55	2.29
1944	35,319	17	60	77	0.48	1.69	2.18	0.59	1.33	1.92
1945	31,426	14	59	73	0.44	1.87	2.32	0.49	1.30	1.79
1946	36,601	13	39	52	0.35	1.06	1.42	0.31	1.12	1.43
1947	41,203	10	46	56	0.24	1.11	1.35	0.26	0.91	1.17
1948	35,481	6	32	38	0.16	0.90	1.07	†0.24	†0.78	†1.02

\* Specially compiled figures for the calculation of maternal mortality rates.      † Provisional figures.

Below, as a matter of interest, is inserted a small graph showing, for each year since 1929, the total deaths from all maternal causes in the Administrative County expressed as a percentage of the number recorded in 1929. That during the interim the annual number of deaths had declined until, in 1948, it was little more than 30 per cent. of the figure in 1929 is clearly illustrated.

Also incorporated in the graph is the total of births (live and still) for each year of the same period expressed as a percentage of the total in 1929. When both trends are regarded together, the reduction in the risk attending childbirth is even more apparent, for such reduction can be seen to have been effected despite an increased number of confinements.

Graph showing the total deaths from all maternal causes and the total births (live and still) for each year since 1929 expressed as percentages of the respective totals for the year 1929.



The maternal mortality rate for the rural districts of the County in 1948 was 0.21 per 1,000 total births—a decrease of 1.16 compared with the previous year. The rate of 1.19 per 1,000 total births for the urban districts was 0.16 lower than that for 1947. The average rates for the five years 1943-47 were: urban districts 1.95, rural districts 2.18.

The maternal mortality rate for each County district for the year 1948 is given in Table 2, pages 152 to 159 and on pages 193 to 211, where it is compared with the rate for the previous year and the average rate for the preceding five years.

*Investigation of Maternal Deaths.*—The Minister of Health considers that it is still necessary to investigate each maternal death as a matter of routine. In the County area every maternal death is investigated by an experienced medical officer. Prior to the 5th July, 1948, these investigations were undertaken in 80 County districts by the Assistant County Medical Officers of Health, and in the remaining 29 districts by the local Medical Officers of Health. Since the introduction of the Scheme of Divisional Health Administration on the 5th July, 1948, all the investigations have been carried out by the Divisional Medical Staffs. A confidential report prepared on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

**Infant Mortality.**—During 1948 there were 1,387 deaths of infants under 1 year of age assignable to the Administrative County—a decrease of 504 compared with the figure for the previous year. These deaths produced a mortality rate of 40 per 1,000 live births, which was the lowest ever recorded in the County. The previous lowest rate was that of 46 per 1,000 in 1944 and 1946. Compared with the average rate for the five years 1943-47, the rate for the year under report showed an improvement of eight per 1,000 live births.

Of the total deaths at all ages, infant deaths in 1948 formed 5·88 per cent.

The continued reduction in infant mortality during the last decade has doubtless been due in large part to the extension of ante-natal and other maternity services, together with a more intelligent interest taken in the care and management of young children fostered by instruction given at child welfare centres and by home visits of health officers. The better maternal and nursing care of the new-born child coupled with the continued improvement in environmental and sanitary conditions have also contributed in no small measure towards the saving of child life.

An analysis of the causes of infant mortality in each of the last 10 years is given in the following table:—

Causes of infant deaths	No. of deaths of infants under 1 year									
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Total—All causes .....	1,549	1,636	1,754	1,593	1,735	1,594	1,525	1,664	1,891	1,387
Measles .....	1	25	15	9	5	13	7	3	9	7
Scarlet fever .....	1	—	—	—	—	—	—	—	—	—
Whooping cough .....	33	17	67	14	40	19	15	28	16	26
Diphtheria .....	3	4	4	2	1	3	1	4	2	1
Influenza .....	10	13	5	9	13	8	7	3	7	9
Cerebro-spinal fever .....	9	15	14	10	11	11	10	4	10	6
Tuberculosis of respiratory system .....	2	3	2	1	4	2	1	3	2	4
Other forms of tuberculosis .....	15	15	16	10	10	12	10	4	6	9
Bronchitis .....	54	83	71	54	73	48	40	52	42	27
Pneumonia (all forms) .....	176	253	304	244	320	222	246	236	287	193
Other respiratory diseases .....	4	4	10	3	4	5	6	7	4	6
Diarrhoea .....	92	97	112	140	155	127	167	195	224	117
Congenital malformations, birth injury, infantile disease and premature birth .....	982	928	918	917	918	922	849	980	1,080	848
All other causes .....	167	179	216	180	181	202	166	145	202	134
DEATH RATES—										
Per 1,000 live births .....	57	59	61	52	54	46	50	46	47	40
Per 1,000 estimated population .....	0·81	0·86	0·91	0·84	0·93	0·86	0·83	0·86	0·96	0·69



Noteworthy in the above table are the gratifying reductions during the year under report in deaths from diarrhoea and from congenital malformations, birth injury, infantile disease and premature birth. That these are true reductions in mortality is evidenced by the following figures, which represent, for each of the last 10 years, the infant mortality rates per 1,000 live births from diarrhoea and from the conjoined causes referred to above:—

Causes of infant deaths	Infant death-rate per 1,000 live births									
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Diarrhoea .....	3·4	3·5	3·9	4·6	4·8	3·7	5·4	5·4	5·5	3·3
Congenital malformations, birth injury, infantile disease and premature birth .....	36·3	33·7	32·4	30·4	28·6	26·9	27·8	27·6	26·9	24·5

After the rather disquieting upward trend of infant mortality due to diarrhoeal causes during the past 10 years, the reduction to less than its 1939 level is particularly encouraging. In contrast to this trend, mortality from the group of causes embracing congenital malformations, birth injury, infantile disease and premature birth, which had not for a long number of years shown the desired response to preventive measures, has, since the beginning of the recent war, declined almost continuously. There seems to be little doubt that this has been effected mainly by the increased use which is being made of ante-natal clinics and the resulting discovery of maternal ill-health at an early date in pregnancy, together with the issue of orange juice, vitamin tablets, special foods, etc.

Attention is also drawn to the considerable reduction in the numbers of infant deaths from bronchitis and from all forms of pneumonia during 1948, as shown in the table on page 24.

Table 1 on page 151 shows the trend of the infant mortality rate since 1889, the first year for which County statistics are available. It will be noted that in 1948 the deaths of infants were equivalent to 40 per 1,000 live births as compared with 177 per 1,000 live births in 1893—a reduction of 77 per cent. The significance of this is well illustrated by applying the 1893 rate to the number of live births in 1948, by which means it will be seen that the number of children dying before their first birthday would have been 6,117 instead of the actual figure of 1,387.

The following table gives the County, urban and rural infant death-rates per 1,000 live births for 1948 and the preceding 10 years. The rates for England and Wales per 1,000 *related* live births are also given:—

	Rate of deaths of children under 1 year per 1,000 live births										
	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Urban Districts .....	55	57	60	62	54	55	47	51	46	47	40
Rural Districts .....	53	52	50	51	44	47	41	43	48	45	35
Administrative County .....	55	57	59	61	52	54	46	50	46	47	40
England and Wales .....	53	50	56	60	50	49	45	46	43	41	*34

\* Provisional figure.

MORTALITY OF ILLEGITIMATE INFANTS.—The table below shows the differential incidence of mortality during 1948 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County:—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1943	53	89	55	46	93	47	52	90	54
1944	45	78	47	40	42	41	45	74	46
1945	49	70	51	41	71	43	48	71	50
1946	45	74	46	48	50	48	45	72	46
1947	46	68	47	43	101	45	46	71	47
1948	40	53	40	35	48	35	39	52	40

The infant mortality rate for each County district for the year 1948, is given in Table 2, pages 152 to 159, and is compared with the rate for the previous year and the average rate for the preceding five years in pages 193 to 211.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

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**Divisional Health Administration.**—The National Health Service Act, 1946, placed upon County Councils (and County Borough Councils), as Local Health Authorities, the duty of providing the under-mentioned services:—

- (a) Health Centres;
- (b) Care of Mothers and Young Children;
- (c) Midwifery and Maternity Nursing;
- (d) Health Visiting;
- (e) Home Nursing;
- (f) Vaccination and Immunisation;
- (g) Ambulance Services;
- (h) Prevention of Illness—Care and After-Care;
- (i) Domestic Help;
- (j) Mental Health.

In addition under the National Assistance Act, 1948, local health authorities were assigned the duties of providing for:

- (i) Residential Accommodation for the Aged and Infirm;
- (ii) Welfare of Handicapped Persons.

In accordance with the provisions of the 1946 Act, the County Council, as the local health authority for the Administrative County, in 1947 appointed a Health Committee consisting of members of the County Council together with representatives of the County District Council Associations in Lancashire, the Executive Council, the Manchester Regional Hospital Board and the Liverpool Regional Hospital Board, to administer on their behalf the functions of the local health authority.

At the outset, it was apparent from an examination of the duties placed upon local health authorities that, in many important respects, they were either complimentary or supplementary to the treatment services to be administered by Regional Boards and Executive Councils and it was evident, therefore, that administrative arrangements made by local health authorities for carrying out their duties should, as far as possible, conform to those made for the treatment services. Furthermore, liaison between the services at the level which most closely affects the family and the individual would be greatly facilitated by such a common pattern.

The pattern for the hospital treatment services was laid down by the National Health Service Act, i.e., hospital districts with Management Committees appointed by the Regional Boards and staffed by officers of such Boards. It was considered, therefore, that a comparable system for the administration of the health services of the County Council as the local health authority would be to select, so far as was practicable, the County areas within a hospital district as health divisions of the Administrative County and to appoint committees for the local management of the services in each division. Another important consideration was that by means of a system of divisional administration, local initiative could have full play with a proper element of competition among the divisions.

On these basic principles, therefore, it was decided to set up a system of divisional administration and the proposals of the local health authority for the various services required to be undertaken by them were formulated so as to be capable of being undertaken on a divisional basis wherever possible. Seventeen health divisions were established and, so far as was practicable, were designed to be co-terminous with the drainage areas of the various hospital districts and, within certain limits decided by administrative convenience, were based on an average population of 100,000.

In the Annual Report for 1947, a copy of the County Council's Divisional Health Administration Scheme embodying the constitution of the health divisions and the Divisional Health Committees, and the functions, powers and duties of such Committees, together with the approved proposals of the local health authority for the provision of the several services for which they are responsible, with the exception of those relating to the provision of accommodation and welfare services under sections 21 and 29 of the National Assistance Act, 1948, were given *in extenso*.

With regard to the schemes under the National Assistance Act, 1948, above referred to, the Minister of Health decided to allow a period of nine months from the "appointed day" (i.e., 5th July, 1948) during which a local authority might exercise their functions under the Act otherwise than in accordance with an approved scheme.

The proposals of the County Council under sections 21 and 29 of the Act were duly submitted to and approved by the Minister of Health on the 3rd and 29th March, 1949, respectively. From the point of view of convenience of reference and for record purposes, they are reproduced on pages 85 to 101.

The health divisions into which the Administrative County has been sub-divided are shown on the map inserted at page 30, and, in the statement below, the constituent sanitary authorities of such divisions are set forth together with particulars of acreages and the Registrar-General's estimated mid-1948 civilian populations.



Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1948	Estimated civilian population as at 30th June, 1948
1	Dalton-in-Furness U.D. ....	8,022	10,480
	Grange U.D. ....	1,883	2,719
	Ulverston U.D. ....	3,196	9,850
	Ulverston R.D. ....	127,448	17,130
		140,549	40,179
2	Lancaster M.B. ....	4,873	50,250
	Morecambe and Heysham M.B. ....	3,794	36,770
	Carnforth U.D. ....	1,504	3,381
	Lancaster R.D. ....	53,212	11,010
	Lunesdale R.D. ....	76,267	6,749
		139,650	108,160
3	Fleetwood M.B. ....	2,565	27,160
	Lytham St. Annes M.B. ....	5,802	30,310
	Kirkham U.D. ....	939	4,704
	Poulton-le-Fylde U.D. ....	2,408	7,630
	Preesall U.D. ....	3,277	2,207
	Thornton Cleveleys U.D. ....	3,358	15,790
	Fylde R.D. ....	33,264	12,510
	Garstang R.D. (part) ....	14,535	3,490
		66,148	103,801
4	Chorley M.B. ....	4,283	32,590
	Adlington U.D. ....	1,062	4,000
	Fulwood U.D. ....	3,273	12,680
	Leyland U.D. ....	3,804	14,490
	Longridge U.D. ....	3,285	3,970
	Walton-le-Dale U.D. ....	4,733	14,730
	Withnell U.D. ....	4,186	2,840
	Chorley R.D. ....	41,114	26,940
	Clitheroe R.D. (part) ....	19,803	2,527
	Garstang R.D. (part) ....	42,956	9,180
	Preston R.D. ....	50,318	37,820
		178,817	161,767
5	Accrington M.B. ....	4,418	40,180
	Clitheroe M.B. ....	2,386	11,890
	Darwen M.B. ....	5,959	30,850
	Church U.D. ....	528	5,198
	Clayton-le-Moors U.D. ....	1,060	6,698
	Great Harwood U.D. ....	2,868	10,810
	Oswaldwistle U.D. ....	4,885	12,150
	Rishton U.D. ....	2,879	5,644
	Blackburn R.D. ....	19,469	12,700
	Clitheroe R.D. (part) ....	12,367	6,033
		56,819	142,153
6	Colne M.B. ....	5,939	20,840
	Nelson M.B. ....	3,445	34,530
	Barrowfield U.D. ....	1,387	4,500
	Brierfield U.D. ....	807	6,900
	Padiham U.D. ....	975	10,040
	Trawden UD. ....	6,815	2,020
	Burnley R.D. ....	39,849	16,340
		59,217	95,170



Health Division No.	Sanitary districts	Area in statute aeres at 31st Dec., 1948	Estimated civilian population as at 30th June, 1948
7	Crosby M.B. ....	4,772	59,060
	Formby U.D. ....	5,613	9,576
	Litherland U.D. ....	818	22,120
	Ormskirk U.D. ....	15,608	20,030
	Skelmersdale U.D. ....	1,942	6,095
	West Lancashire R.D. ....	67,131	44,010
		95,884	160,891
8	Abram U.D. ....	1,984	5,957
	Ashton-in-Makerfield U.D. ....	6,267	18,990
	Aspull U.D. ....	1,906	6,474
	Billinge and Winstanley U.D. ....	4,596	5,886
	Hindley U.D. ....	2,612	19,320
	Ince-in-Makerfield U.D. ....	2,320	20,380
	Orrell U.D. ....	1,617	8,773
	Standish-with-Langtree U.D. ....	3,266	8,932
	Upholland U.D. ....	4,686	6,123
	Wigan R.D. ....	11,696	7,914
		40,950	108,749
9	Widnes M.B. ....	5,760	47,440
	Huyton-with-Roby U.D. ....	3,053	53,330
	Preseot U.D. ....	870	12,290
	Rainford U.D. ....	5,877	3,898
	Whiston R.D. ....	29,446	38,360
		45,006	155,318
10	Golborne U.D. ....	7,563	16,140
	Haydock U.D. ....	2,395	11,880
	Newton-le-Willows U.D. ....	3,105	21,410
	Warrington R.D. ....	22,457	27,080
		35,520	76,510
11	Farnworth M.B. ....	1,504	28,350
	Leigh M.B. ....	6,359	48,220
	Atherton U.D. ....	2,264	20,700
	Blackrod U.D. ....	2,392	3,094
	Horwich U.D. ....	3,257	15,370
	Kearsley U.D. ....	1,728	10,450
	Little Lever U.D. ....	808	4,762
	Turton U.D. ....	17,334	10,930
	Tyldesley U.D. ....	5,175	18,060
	Westhoughton U.D. ....	5,560	14,940
		46,381	174,876
12	Haslingden M.B. ....	8,203	14,540
	Prestwich M.B. ....	2,421	34,760
	Radcliffe M.B. ....	4,957	27,700
	Rawtenstall M.B. ....	9,528	25,140
	Ramsbottom U.D. ....	9,562	14,390
	Tottington U.D. ....	2,542	6,080
	Whitefield U.D. ....	3,388	13,030
		40,601	135,640

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1948	Estimated civilian population as at 30th June, 1948
13	Bacup M.B. ....	6,121	18,320
	Heywood M.B. ....	8,508	24,940
	Littleborough U.D. ....	7,855	10,800
	Milnrow U.D. ....	5,194	8,418
	Wardle U.D. ....	3,192	4,201
	Whitworth U.D. ....	4,483	7,469
		35,353	74,148
14	Middleton M.B. ....	5,172	32,190
	Chadderton U.D. ....	3,013	31,270
	Crompton U.D. ....	2,865	12,620
	Failsworth U.D. ....	1,073	18,040
	Lees U.D. ....	288	4,218
	Royton U.D. ....	2,149	14,840
	Limehurst R.D. (part) ....	628	1,011
		15,188	114,189
15	Eccles M.B. ....	3,417	43,870
	Swinton and Pendlebury M.B. ....	3,363	41,230
	Irlam U.D. ....	4,717	15,020
	Worsley U.D. ....	7,242	26,820
		18,739	126,940
16	Stretford M.B. ....	3,530	61,400
	Urmston U.D. ....	4,799	38,560
		8,329	99,960
17	Ashton-under-Lyne M.B. ....	2,981	46,270
	Mossley M.B. ....	3,624	10,430
	Audenshaw U.D. ....	1,241	12,650
	Denton U.D. ....	2,593	25,380
	Droylsden U.D. ....	1,010	27,290
	Limehurst R.D. (part) ....	3,062	6,679
		14,511	128,699

NOTE.—In the case of parts of sanitary districts, the populations are computed from the Registrar-General's estimates on the basis of information supplied by local Medical Officers of Health.

The early part of 1948 was a period of intensive preparation for the launching of the scheme of divisional administration. In order that the de-centralised services should function as smoothly as possible on the "appointed day", much time, thought and energy had to be devoted to such matters as the setting up of the administrative machinery necessary, the acquisition, furnishing and equipping of divisional offices and staffing of the divisions, the assimilation of the services formerly undertaken by autonomous authorities, voluntary associations, the preparation of directives and explanatory memoranda for the guidance of divisional staffs, etc.

Although even at the time of writing (October, 1949) the scheme is still little more than in its infancy, it now seems apparent that the inevitable initial difficulties both centrally and divisionally have been largely overcome and that, in a remarkably short time, the scheme is functioning comparatively smoothly and efficiently. It is possible, therefore, to look back on the year 1948 with no little satisfaction and to the future with every confidence.

Later in this section of the report, the various services largely administered as regards their day-to-day management by Divisional Committees, are dealt with at length under their respective headings.

**Co-ordination of Health Services.**—Under section 111 of the Local Government Act, 1933, the County Council were required, after consultation with the Councils of the County Districts, to formulate arrangements for securing, whether by means of a combination of districts or otherwise, that every Medical Officer of Health subsequently appointed for a district should be restricted by the terms of his appointment from engaging in private practice as a medical practitioner.



APPOINTMENT OF MEDICAL OFFICERS OF HEALTH OF COUNTY DISTRICTS  
(As at 31st December, 1948)

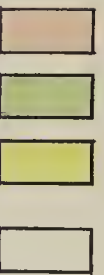
## COUNTY OF LANCASTER.

Districts where Medical Officer of Health is:-  
Divisional Medical Officer.

Assistant Divisional Medical Officer.

Whole-time Officer of Local Authority but undertaking certain County Council duties.

Part-time Officer of Local Authority and engaged in private practice.



Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Non-County Boroughs indicated •

Scale : 8 miles to 1 inch.





Arrangements were accordingly formulated by the County Council in 1939 and, as a uniform method of implementing section 111 was neither practicable nor desirable in the Administrative County, several methods were used, viz.:—

- (a) Single districts requiring a whole-time Medical Officer of Health to carry out the duties of the District Council;
- (b) Districts combining for the services of a whole-time Medical Officer of Health to carry out the duties of the several District Councils;
- (c) Districts combining to appoint a Medical Officer of Health who would also carry out certain of the County Council's functions by agreement between the District Councils and the County Council, and
- (d) Districts which might, with the consent of the County Council, employ an Assistant County Medical Officer as Medical Officer of Health.

The requirements of section 111 are such as not to require that all vacancies shall of necessity be filled in accordance with the arrangements formulated by the County Council. Such arrangements were to be regarded simply as a record prepared in advance of the way in which the requirement of the section might be carried into effect and were in no sense a compulsory proscription of the County Council.

Unfortunately, with the onset of war in September, 1939, it was found impossible to implement fully the provisions of the scheme and, indeed, owing to the conditions then prevailing, many departures from the arrangements formulated had, perforce, to be made.

Following the passing of the Education Act, 1944, and the National Health Service Act, 1946, the original proposals under section 111 of the Local Government Act, 1933, were superseded by the provisions of the scheme of Divisional Health Administration formulated by the County Council for the carrying out of their duties as local health authority under the 1946 Act. This scheme provides under the Fourth Schedule thereto that the Divisional Medical Officer appointed in each Health Division should undertake the duties of Medical Officer of Health for the County districts within the Division, should the Councils of such districts so desire.

By this arrangement, the intention of section 111 of the Local Government Act, 1933, in requiring that in future only medical practitioners not engaged in private practice should be appointed as Medical Officers of Health is fully met. Such an arrangement was further necessitated by the fact that many of the functions formerly undertaken by the District Councils were transferred to the County Council and local Medical Officers of Health had left to them only duties connected with general environmental health which, in themselves, do not require the whole-time services of a Medical Officer of Health. Furthermore, the Divisional Medical Officer is also the Divisional School Medical Officer. There is therefore complete co-ordination of the medical services of the County Council and the public health work of the District Councils, and the risk of overlapping and loss of efficiency is reduced to a minimum when the responsibility for all the public health services (both environmental and personal) in any area is entrusted to one officer. Again, as in each Division the Divisional Medical Officer has the services of a number of Assistant Divisional Medical Officers at his disposal, it naturally follows that in the event of need (e.g. a serious outbreak of infectious disease) in any particular district, the Divisional Medical Officer can have readily available to him such additional medical assistance as may be necessary.

Following the introduction of the scheme of divisional health administration, many County Districts took advantage of the provision thus made and by the 31st December, 1948, no less than 56 districts had as their Medical Officer of Health the Divisional Medical Officer of the Health Division in which their district is situate. In addition, 13 districts had as their Medical Officer of Health an Assistant Divisional Medical Officer who had been appointed to act in a temporary capacity under the arrangements made under section 111 of the Local Government Act, 1933, and who was allowed to continue to act in that capacity until such time as the County District Councils themselves desire the appointment of the Divisional Medical Officer. Five other districts on the 5th July, 1948, were employing either jointly or singly a whole-time Medical Officer of Health who under the provisions of section 68(1)(c) of the National Health Service Act, 1946, was compulsorily transferable to the County Council as an Assistant Divisional Medical Officer. In these instances, the County District Councils were allowed to retain the part-time services of the medical officer concerned as their Medical Officer of Health.

Whilst there still remained in five districts whole-time Medical Officers of Health who were not compulsorily transferable to the County Council, arrangements were made whereby, in the capacity of part-time Assistant Divisional Medical Officer or Assistant School Medical Officer, they undertook duties on behalf of the County Council under the direction of the Divisional Medical Officer. In the remaining thirty County Districts, the duties of Medical Officer of Health were, at the 31st December, 1948, still undertaken by medical practitioners engaged in private practice.

The map inserted opposite page 30 shows, within Divisional boundaries, the position as at the 31st December, 1948, of the various categories of appointments of Local Medical Officers of Health in the 109 sanitary districts of the Administrative County.

## HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, requires local health authorities to provide, equip and maintain, to the satisfaction of the Minister, premises which shall be called "health centres" at which facilities shall be available for all or any of the following:—

- (a) general medical services;
- (b) general dental services;
- (c) pharmaceutical services;
- (d) services which the local health authority are required or empowered to provide;
- (e) hospital out-patient services;
- (f) health education.

Further, local health authorities are required to provide staff for any health centre provided by them with the proviso that they shall not employ medical or dental practitioners at health centres for the purpose of providing general medical services or general dental services under Part IV of the Act.

As in the case of other services devolving on local health authorities under the Act, the County Council were, in accordance with section 20 and Circular 105/47, required to submit to the Minister by the 31st December, 1947, their proposals for carrying out their duties under section 21.

On the 17th December, 1947, however, the Minister in Circular 176/47 cancelled the above-mentioned date for the submission of local health authorities' proposals under section 21. This was followed on the 14th January, 1948, by Circular 3/48, in which the Minister indicated that by reason of the sheer practical impossibility of a new building programme and the need for intensive research and thought about design before the new development is launched, he did not expect local health authorities normally to submit any proposals to him yet for the immediate provision of health centres, but that, at the appropriate time, he would specify another date for this purpose.

The Minister further intimated that, as soon as the Central Health Services Council was in being, he proposed to set up a special committee with the task of gathering all useful existing information and formulating expert guidance on the best kinds and purposes of health centres at which development should aim.

He pointed out, however, that the deferment of the date for submission of local health authorities' proposals was not meant entirely to rule out of consideration proposals which, despite the building stringency, the local health authority, after consultation with the Executive Council and other interests concerned, regard as particularly urgent, or conversions which they may find to be both practicable and attractive without need for delay.

Pending such further directions as the Minister may issue, steps have been taken in conjunction with local sanitary authorities in the Administrative County to ensure that suitable sites are earmarked for future health centre purposes, and the assistance of the Town Planning authorities has been sought in this connection.

## CARE OF MOTHERS AND YOUNG CHILDREN

Prior to the 5th July, 1948, the maternity and child welfare work in the Administrative County was carried out by the County Council in 76 County Districts and by autonomous "Welfare Councils" in 33.

On the 4th July, the estimated civilian population in the County Council Maternity and Child Welfare area was 1,048,760, and on the 5th July, by the inclusion of the 33 formerly autonomous districts, it rose to 2,007,150. This should be borne in mind when considering the particulars given in the following paragraphs for the two periods—1st January to 4th July, and 5th July to 31st December, 1948.

**Child Welfare Centres.**—At the 4th July, 1948, the County Council administered 107 Child Welfare Centres. A further 67 centres were taken over from the former autonomous welfare authorities on the 5th July, 1948, and three new centres were opened before the end of the year (one each in Health Divisions 1, 4 and 6).

The following table gives particulars of attendances throughout the year.

	1st January to 4th July, 1948	5th July to 31st Dec., 1948	Year 1948
Number of half-day sessions .....	2,578	5,182	7,760
Number of attendances at ages (in years)			
0— .....	103,409	195,526	298,935
1— .....	19,322	38,099	57,421
2—4 (inclusive) .....	8,749	17,183	25,932
TOTAL .....	131,480	250,808	382,288
Average attendance per session .....	51	48	49



Table 6, on page 172 gives the number of centres in the respective Health Divisions and particulars of attendances, etc., during the second half of the year.

**Ante-natal and Post-natal Clinics.**—Apart from those at County hospitals, there were 31 ante-natal clinics and 1 post-natal clinic administered by the County Council at the 4th July, 1948. A further 42 ante-natal clinics and 1 post-natal clinic were taken over on the 5th July, and three new ante-natal clinics were opened during the latter half of the year (one each in Health Divisions 7, 9 and 17).

The above-mentioned post-natal clinics, at Fleetwood (Health Division No. 3) and Chadderton (Health Division No. 14), refer to clinics where separate post-natal sessions are held, but in addition a considerable number of post-natal examinations are carried out at ante-natal clinics.

Details of attendances at the ante-natal clinics during the year are as follow:—

	1st Jan., 1948 to 4th July, 1948	5th July, 1948 to 31st Dec., 1948	Year 1948
<i>Ante-natal Clinics—</i>			
Number of half-day sessions .....	596	1,764	2,360
<i>Ante-natal attendances—</i>			
Number of individual women attending .....	3,621	8,854	—
Number of attendances .....	12,824	33,006	45,830
Average attendances per session .....	22	19	19
Average attendances per individual .....	3.5	3.7	—
Number of post-natal attendances at ante-natal clinics .....	324	905	1,229

The numbers of ante-natal clinics in the respective Health Divisions are given in table 7 on page 173 together with particulars of attendances during the latter half of the year.

Particulars of attendances at the one post-natal clinic in operation prior to the 5th July, and at the two in operation after that date are given in the following statement:—

	1st Jan., 1948 to 4th July, 1948	5th July, 1948 to 31st Dec., 1948			Year 1948
<i>Post-natal Clinics</i> ( <i>Separate sessions</i> )—		Health Division		Total	
		3	14		
Number of half-day sessions .....	6	6	6	12	18
Number of individual women attending .....	45	45	33	78	—
Number of attendances .....	54	48	33	81	135
Average attendances per session .....	9	8	5.5	6.8	8
Average attendances per individual .....	1.2	1.1	1	1.0	—

Prior to the 5th July, the County Council had financial arrangements whereby County patients attended nine clinics administered by other authorities and voluntary hospitals. During the period 1st January to 4th July, 3,937 attendances were made by County patients at these clinics. The above arrangements automatically ceased on the 5th July, with the exception of that with the Rochdale Corporation Ante-natal Clinic (Baillie Street) where, during the second part of the year, 108 ante-natal clinic sessions were held at which 112 expectant mothers from the Administrative County area made 373 attendances, an average of 3.3 ante-natal attendances per individual, and 25 post-natal clinic sessions were held at which 85 mothers made 200 attendances, an average of 2.4 post-natal attendances per individual.

**Admissions to Hospital.**—Prior to the 5th July, 1948, the County Council had arrangements with 45 hospitals, including seven County hospitals, for the reception of patients who showed some obstetric abnormality or whose home environment was unsuitable for confinement. From the 1st January to 4th July, 1,284 cases were admitted under these arrangements. On the “appointed day” under the National Health Service Act, 1946, the County Council’s financial responsibility for the maintenance of maternity cases ceased, but reports on home conditions are still prepared by officers of the Authority, at the request of Hospital Management Committees, to assist them in the selection of cases for admission. The order of priority is generally: (1) Complicated or anticipated abnormal cases; (2) Primi-gravidae; (3) Multi-gravidae with unsuitable home surroundings.

**Dental Care of Mothers and Young Children.**—The staff of 34 whole-time and 9 part-time dental officers is available for the inspection and treatment of nursing and expectant mothers and children under five years of age in the dental clinics established by the County Council.

The range of treatment offered is complete and comprehensive and, in the case of mothers, includes the provision and repair of dentures.

Prior to the 5th July, 1948, the supply of dentures was undertaken by private dental practitioners under an arrangement made by the County Council. Since the coming into operation of the National Health Service Act, the supply and repair of dentures has been provided for through the County dental clinics, the necessary laboratory work being carried out by dental technicians to the profession.

Priority is given to the care of mothers and young children. Where justified by the number of attendances, special sessions are reserved for expectant mothers. Where attendances do not justify such a course, contact with school children is avoided by means of spaced appointments.

**EXPECTANT AND/OR NURSING MOTHERS.**—Dental officers inspect and, if necessary, treat expectant and nursing mothers referred to them by:—

- (a) The obstetricians and medical officers in charge of ante-natal and post-natal clinics.
- (b) General medical practitioners.
- (c) The medical officers in charge of child welfare centres.

Progress has been made, however, in a scheme for the routine inspection, by dental officers, of the teeth of all patients attending ante-natal clinics.

An inspection by the dental officer is made as a part of the routine medical examination of new cases in 27 of the ante-natal clinics established by the County Council. It is possible to arrange for dental inspection on these lines only where the clinic accommodation allows of the attendance of a dental officer at ante-natal sessions.

In clinics where accommodation is restricted, patients attending the ante-natal clinic are given the opportunity of presenting themselves at the dental clinic for examination at times specially reserved for the purpose.

It is clear from the rather poor response to the latter arrangement that progress can be expected in the dental supervision of expectant mothers only when the dental examination can be made a part of the routine medical examination, and when it can be carried out in the same building.

Patients found to be in need of treatment are given appointments to attend the dental clinic at a subsequent date.

All the patients examined are given instruction in oral hygiene.

As the same staff of dental officers is responsible for both classes of patients, additional attention to maternity and child welfare patients must be deducted from the time devoted to the care of school children.

It will be seen from the following table that the amount of work carried out by dental officers during the year for expectant and nursing mothers shows an increase over the previous year.

	1947	1948
Number inspected	1,491	2,683
Number treated	1,337	1,953
Number of attendances	3,105	4,821
Number of extractions	5,729	6,159
Number of general anaesthetics	651	811
Number of other operations	1,123	1,236
Number of sealings	—	512
Number of fillings	484	862
Number of dentures—supplied	322	292
repaired	—	12



**CHILDREN UNDER FIVE YEARS OF AGE.**—A supervisory dental service for children between the ages of 2 and 5 years is in operation at all County dental clinics. Contact is made, mainly through child welfare centres, with as many children as possible in this age group.

The aim of the scheme is a service of preventive dentistry, which calls for frequent examinations from the completion of the deciduous dentition. The School Dental Service, commencing when the child is five years old, must of necessity be more remedial in character unless dental care has been given during the pre-school years.

Children of pre-school age, once contacted, are regularly inspected at intervals not greater than six months by means of reminder cards sent to parents at appropriate times.

By these measures it is hoped that increasing numbers of children will enter school with sound dentitions.

During visits to the clinics parents are instructed in methods of oral hygiene.

Dental officers pay visits of inspection to day nurseries, and arrange for treatment where this is found to be necessary.

The amount of work carried out during the year for children under five years of age is shown in the table below. Figures for the year 1947 are also given for purposes of comparison.

	1947	1948
Number inspected .....	1,252	2,132
Number treated .....	1,237	1,736
Number of attendances .....	1,903	2,530
Number of extractions .....	1,837	2,199
Number of general anaesthetics .....	642	754
Number of other operations .....	888	1,297
Number of fillings .....	513	487

**Care of Premature Infants.**—The special attention of the health visitor is called to each premature birth notified and additional visits are made by health visitors where babies are being nursed at home. Suitable equipment for home nursing of premature babies is provided through the Domiciliary Midwifery Service. In appropriate cases the babies are taken to hospital or specialists are called to the home.

Information is given regarding two groups of premature babies:—

- (a) Those whose mothers are normally resident in the County area.
- (b) Those born in the County area, including those whose mothers are normally resident in the areas of other authorities.

With regard to (a), those whose mothers are normally resident in the County area, the numbers notified after adjustments for transfers were:—

(i) 1st January to 4th July, 1948 .....	477
(ii) 5th July to 31st December, 1948 .....	929
Total .....	1,406

The numbers of these who survived at periods up to three months are analysed in the following statement:—

	Born at home			Born in hospital or maternity home		
	1st Jan., 1948, to 4th July, 1948	5th July, 1948, to 31st Dec., 1948	Year 1948	1st Jan., 1948, to 4th July, 1948	5th July, 1948, to 31st Dec., 1948	Year 1948
(i) Total premature births .....	143	301	444	334	628	962
(ii) Died within 24 hours .....	11	33	44	29	60	89
(iii) Percentage of infants surviving 24 hours .....	92·3	89·0	90·1	91·3	90·4	90·7
(iv) Died within 7 days (including (ii)) .....	23	48	71	55	98	153
(v) Survived one month .....	112	243	355	269	521	790
(vi) Survived three months .....	110	234	344	268	513	781
(vii) Percentage of children surviving three months .....	76·9	77·7	77·5	80·2	81·7	81·2

Table 8, page 174, gives similar information for the second half of the year in respect of each Health Division.

With regard to (b), the total number of premature babies notified during the year as having been born in the County area, including those whose mothers are normally resident outside the County area, was:—

(i) 1st January to 4th July, 1948 .....	370
(ii) 5th July to 31st December, 1948 .....	860
Total .....	1,230

The numbers of these premature babies who died during the first month of life are analysed in the statement below:—

	1st Jan., 1948, to 4th July, 1948	5th July, 1948, to 31st Dec., 1948	Year 1948
(i) No. who were born:—			
(a) At home .....	143	300	443
(b) In hospital or nursing home .....	227	560	787
(ii) No. of those born at home who were nursed entirely at home .....	141	266	401
(iii) No. of those born at home and nursed entirely at home—			
(a) Who died during the first 24 hours .....	11	27	38
(b) Who survived at the end of one month .....	110	231	341
(iv) No. of those born in hospitals or nursing homes—			
(a) Who died during the first 24 hours .....	23	69	92
(b) Who survived at the end of one month .....	188	449	637

The above information is given by Health Divisions for the period 5th July to 31st December, 1948, in Table 9, page 175.

**Ophthalmia Neonatorum, Pemphigus Neonatorum and Puerperal Pyrexia.**—The numbers of cases of ophthalmia neonatorum, pemphigus neonatorum and puerperal pyrexia notified during the year amongst domiciliary and institutional confinements and particulars of action taken are set out in the following table:—

		Ophthalmia neonatorum		Pemphigus neonatorum		Puerperal pyrexia	
		Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements
No. of cases notified.....	(a)	11	12	2	2	17	23
	(b)	17	6	1	1	20	20
No. of cases visited by officers of County Council .....	(a)	11	—	2	—	17	23
	(b)	17	3	1	1	12	4
No. of cases for whom home nursing was provided .....	(a)	6	—	2	—	4	—
	(b)	6	1	—	—	6	—
No. of cases removed to hospitals .....	(a)	3	—	—	—	5	—
	(b)	5	3	1	1	13	8

(a) Period 1st January to 4th July, 1948—excludes the 33 County Districts which were autonomous for Maternity and Child Welfare purposes.

(b) Period 5th July to 31st December, 1948—Administrative County area.

Vision was unimpaired in all but one of the 46 cases of ophthalmia neonatorum notified. The remaining case, notified during the latter part of 1948, was still under treatment at the end of the year.

It is worthy of note that, in the County Council Midwifery Area, there has been no case of blindness due to ophthalmia neonatorum since 1936.

Information regarding ophthalmia neonatorum and puerperal pyrexia during the period 5th July to 31st December, 1948, is given by Health Divisions in Table 10, page 176.

With regard to the two cases of pemphigus neonatorum notified during the second half of the year, the domiciliary confinement was in Health Division No. 15, and the institutional confinement in Division No. 14.



**Illegitimate Children.**—Close co-operation is maintained between Divisional Medical Officers, Health Visitors, Children's Officers and Moral Welfare Workers. Arrangements for the ante-natal and post-natal care of the mothers, and in many cases for confinement, are made through the various Moral Welfare Societies. Annual grants are made by the County Council to two maternity homes and one hostel (for mothers and babies) administered by Moral Welfare Societies, where the average duration of stay is approximately three months. Payment is also made towards the cost of maintenance of each individual admitted from the Administrative County area to these and any other homes administered by voluntary societies.

The responsibility of the Health Committee ceases when the mother leaves the home or hostel, and any further care of the child deprived of normal home life becomes the responsibility of the Children's Committee.

**Mother and Baby Homes.**—The County Council have no Mother and Baby Homes, but arrangements are made with voluntary organisations as mentioned in the preceding paragraph.

Eleven cases were admitted during the year to the three homes receiving annual grants. Sixty-four expectant mothers and twenty post-natal cases were admitted to other homes.

The following statement gives, by Health Divisions, particulars of admissions from 5th July to 31st December, 1948:—

Health Division No.	No. of admissions (for which the County Council were responsible) to Mother and Baby Homes provided or used by Voluntary Organisations and receiving a grant from the County Council.	Number of cases sent to other Mother and Baby Homes	
		Expectant mothers	Post-natal cases
1	—	1	—
2	1	4	1
3	3	3	3
4	1	8	4
5	—	—	1
6	1	1	—
7	1	5	4
8	—	1	—
9	1	3	1
10	—	5	2
11	1	3	—
12	—	—	—
13	2	—	1
14	—	1	—
15	—	1	—
16	—	—	—
17	—	1	—
TOTALS— Administrative County	11	37	17

**Day Nurseries.**—Prior to the 5th July, 1948, the County Council had 27 day nurseries. Eighteen more were taken over from former autonomous authorities on the "appointed day", making a total of 45.

Most of the nurseries were opened during the last war and many are in old buildings or prefabricated huts. Efforts are being made to improve amenities, where possible.

Arrangements are made for regular medical inspection of all children attending day nurseries.

Up to the end of the year, the Health Committee had decided on the provision of 37 additional day nurseries and 11 of these were under construction in areas where there is a demand for female labour in the cotton industry.

The following information is given regarding the nurseries before and after the 5th July:—

	Period 1st Jan., 1948, to 4th July, 1948	Period 5th July, 1948, to 31st Dec., 1948
Number of nurseries at end of period .....	27	45
Accommodation for children at end of period .....	1,290	2,102
No. of children on registers at end of period .....	1,321	2,118
No. of children on waiting lists at end of period.....	1,398	3,031
Total no. of attendances (Mondays to Fridays) .....	131,015	205,822
Average daily attendances (Mondays to Fridays) .....	1,032	1,634



Tables 11 and 12, pages 177 and 178, show the number of nurseries in each Division and give particulars regarding day attendances, staff, etc., during the period 5th July to 31st December, 1948.

At the end of the year, 1,870 mothers were released for full-time employment, and 59 for part-time employment. The equivalent of full-time personnel employed at the day nurseries, including domestics and counting three students in training as one member of staff, was 522, representing one member of staff employed to 3.58 mothers released for full-time employment.

Night accommodation continued to be provided during the year at three day nurseries, (Fleetwood in Division 3, Standish in Division 8 and Urmston (Stoeks House) in Division 16), accommodation being available for 16 children at each nursery. During the year 8,598 night attendances were made, an average of 35 children per night. There were 34 children on the registers at the end of the year and 16 on the waiting lists.

**Nurseries and Child Minders Regulation Act, 1948.**—This Act, dated 30th July, 1948, requires that every local health authority shall keep registers:—

- (a) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days;
- (b) of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.

Registration certificates must indicate the number of children who may be cared for and may, by order, impose conditions as to staff, equipment, premises, feeding of children and medical supervision. The County Council have adopted the Ministry of Health standards for day nurseries as a guide when considering the registration of premises.

Premises which were open and in use as day nurseries at the commencement of operation of the Act could not be refused registration outright, but the local health authority could impose requirements as to alterations and improvements, and limit the number of children who would be accommodated. Seventeen such nurseries, with a total accommodation for 632 children, were registered at the end of the year.

Arrangements are made for the nurseries to be visited periodically by officers of the authority who report on conditions found, having in mind the standards laid down and any improvements required to be carried out in accordance with the certificate of registration.

**Vital Statistics, 5th July to 31st December, 1948.**—NOTIFIED BIRTHS.—It is a requirement of section 203 of the Public Health Act, 1936, that every birth shall be notified to the Medical Officer of Health of the Welfare Authority for the area in which the birth takes place. Until the coming into operation of the National Health Service Act, 1946, the County Council were the welfare authority for all districts in the Administrative County with the exception of 23 Municipal Boroughs and 10 Urban Districts. As from the 5th July, 1948, however, the local health authority became the welfare authority for the whole of the Administrative County, and arrangements were made whereby all birth notifications should be sent to the Divisional Medical Officer of the Health Division in which the birth takes place. This method greatly facilitates the prompt visiting of newborn infants and their mothers by the health visitors in the division.

The table below summarises the births notified (i.e. occurring) in the several Health Divisions during the period 5th July to 31st December, 1948. The figures given, relating as they do to notified births, differ from "registered" births used for the calculation of vital statistics in other sections of the report, but they provide an indication of the actual births which occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus providing an assessment of the amount of midwifery undertaken, differentiating between domiciliary births and those occurring in hospitals, maternity homes, etc.

Health Division No.	In hospitals, maternity homes, etc.								In the home								Total							
	Live births						Still-births	Live births						Still-births	Live births						Still-births			
	Preme-ture		Mature		Total			Preme-ture		Mature		Total			Preme-ture		Mature		Total					
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.				
1	—	2	52	48	52	50	—	—	3	5	64	82	67	87	1	1	3	7	116	130	119	137	1	1
2	18	18	252	260	270	278	6	7	7	14	158	120	165	134	2	2	25	32	410	380	435	412	8	9
3	6	9	176	161	182	170	5	1	2	6	128	103	130	109	5	6	8	15	304	264	312	279	10	7
4	33	45	479	431	512	476	12	6	4	11	181	185	185	196	6	3	37	56	660	616	697	672	18	9
5	6	9	81	75	87	84	2	3	14	16	243	225	257	241	1	5	20	25	324	300	344	325	3	8
6	16	12	217	186	233	198	4	2	8	4	173	161	181	165	—	1	24	16	390	347	414	363	4	3
7	12	8	213	205	225	213	10	7	2	8	210	195	212	203	6	5	14	16	423	400	437	416	16	12
8	33	30	236	204	269	234	5	9	13	15	276	235	289	250	4	4	46	45	512	439	558	484	9	13
9	45	33	375	285	420	318	15	14	12	22	322	345	334	367	3	6	57	55	697	630	754	685	18	20
10	1	3	46	48	47	51	—	2	8	6	149	161	157	167	1	2	9	9	195	209	204	218	1	4
11	35	26	483	440	518	466	19	10	11	15	295	289	306	304	8	10	46	41	778	729	824	770	27	20
12	8	21	189	183	197	204	4	2	7	4	176	134	183	138	1	2	15	25	365	317	380	342	5	4
13	—	—	5	1	5	1	—	—	4	4	151	130	155	134	7	8	4	4	156	131	160	135	7	8
14	—	—	—	—	—	—	—	—	5	11	170	160	175	171	3	6	5	11	170	160	175	171	3	6
15	6	9	96	67	102	76	2	—	9	5	166	190	175	195	2	2	15	14	262	257	277	271	4	2
16	19	34	425	406	444	440	15	8	10	12	107	111	117	123	3	—	29	46	532	517	561	563	18	8
17	28	35	307	278	335	313	6	9	10	13	250	224	260	237	4	6	38	48	557	502	595	550	10	15
Ad-minis-trative County	266	294	3632	3278	3898	3572	105	80	129	171	3219	3050	3348	3221	57	69	395	465	6851	6328	7246	6793	162	149

Note: A birth is regarded as "premature" if the birth weight is 5½lb. or less.

It will be noted from the above that, of the total births notified during the period, 7,655 or 53·3 per cent. occurred in hospitals or maternity homes in the Administrative County area, the remaining 6,695 or 46·7 per cent. taking place in the home of the patient or her relatives. Further, of the total live births notified, only 860 or 6·1 per cent. were classified as "premature".

An examination of the births which took place in hospitals, etc., compared with those in the home shows that "prematurity" in the former was considerably greater than in the latter. This, however, is understandable when it is borne in mind that difficult or complicated pregnancies are usually referred to hospitals and the figures are, therefore, unduly weighted.

It will also be noted that "prematurity" was appreciably greater amongst the female than amongst the male births, the respective percentages of premature births to total live births of the appropriate sex being 5·3 and 3·9 in respect of domiciliary births, and 8·2 and 6·8 in respect of those occurring in hospitals, maternity homes, etc.

In contrast to the above, the table inserted below provides details of the births (a) occurring in, and (b) finally belonging to the Administrative County area as a whole after re-assignment of births transferable to or from other local health authorities' areas. The table relates to births notified during the period 5th July to 31st December, 1948.

	In hospitals, maternity homes, etc.								In the home								Total							
	Live births						Still- births		Live births						Still- births		Live births						Still- births	
	Prena- ture		Mature		Total				Prena- ture		Mature		Total				Prena- ture		Mature		Total			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total No. occurring in the Administrative County	266	294	3632	3278	3898	3572	105	80	129	171	3219	3050	3348	3221	57	69	395	465	6851	6328	7246	6793	162	149
No. transferred out of the Administrative County to areas of other L.H. Authorities	90	95	1049	914	1139	1009	34	20	—	—	15	23	15	23	—	—	90	95	1064	937	1154	1032	34	20
No. occurring in and belonging to Administrative County	176	199	2583	2364	2759	2563	71	60	129	171	3204	3027	3333	3198	57	69	305	370	5787	5391	6092	5761	128	129
No. transferred into Administrative County from areas of other L.H. Authorities	136	117	1654	1462	1790	1579	64	48	1	—	18	18	19	18	—	1	137	117	1672	1480	1809	1597	64	49
Final No. belonging to Administrative County	312	316	4237	3826	4549	4142	135	108	130	171	3222	3045	3352	3216	57	70	442	487	7459	6871	7901	7358	192	178

A perusal of the above table discloses that of the 14,350 births which occurred in the Administrative County, 2,240 were transferable to the areas of other local health authorities, i.e. County Boroughs and other Counties. At the same time, no less than 3,519 births of babies born in the areas of other local health authorities were transferred to the Administrative County. The criterion for transfer is the normal or usual residence of the mother.

**INFANT MORTALITY**—Annual statistics of the mortality of infants under one year of age in the Administrative County are dealt with under the section of the report relating to "Statistics and Social Conditions of the County". Hitherto it has not been possible to analyse such mortality as to detailed causes, particularly in regard to conditions such as congenital malformations, congenital debility, premature birth, birth injury, etc., nor to group such deaths according to age. The system of divisional administration has, however, facilitated the maintenance of better and more detailed records than was hitherto possible, and such information as is now available will serve to provide, after a lapse of time, information which will undoubtedly be of advantage in assessing the results of the efforts of public health workers in the field of infant welfare.

The table below shows by Health Divisions the number of deaths of infants during the period 5th July to 31st December, 1948, analysed by sex and age. The figures for the several divisions are fully comparative inasmuch as they have been corrected for inward and outward transfers, thus obviating any undue weighting in the earlier age groups which might tend to occur where within a division is situated a maternity hospital to which are admitted complicated pregnancies and the like from other divisions and/or local health authority areas.



Health Division No.	Age at date of death										TOTAL (all ages)		
	Under 1 day		1—7 days		Over 1 week and up to 4 weeks		Over 4 weeks and up to 6 months		Over 6 months and up to 12 months				
	M	F	M	F	M	F	M	F	M	F	M	F	T
1	1	1	—	—	—	1	—	—	—	—	1	2	3
2	3	1	3	2	1	—	6	2	—	—	13	5	18
3	—	3	3	4	2	1	6	3	4	2	15	13	28
4	5	1	6	10	4	2	2	2	5	—	22	15	37
5	3	5	1	1	—	1	6	—	1	1	11	8	19
6	6	2	3	3	3	—	3	—	3	—	18	5	23
7	5	3	6	3	4	1	7	3	3	3	25	13	38
8	8	4	3	5	2	1	5	3	3	—	21	13	34
9	8	6	5	6	1	1	9	9	6	2	29	24	53
10	1	2	3	—	2	—	3	7	—	2	9	11	20
11	7	9	8	3	4	1	7	4	1	1	27	18	45
12	9	6	10	8	2	1	2	4	—	—	23	19	42
13	3	7	4	1	—	—	2	2	3	1	12	11	23
14	3	—	8	3	5	3	6	5	1	3	23	14	37
15	5	4	6	4	5	1	5	4	3	3	24	16	40
16	2	5	4	3	6	—	5	1	—	4	17	13	30
17	8	1	8	2	2	3	3	6	2	2	23	14	37
TOTAL	77	60	81	58	43	17	77	55	35	24	313	214	527

It will be seen that, of the 527 infant deaths assignable to the Administrative County during the period, more than a half occurred during the first week of life, whilst more than a quarter occurred on the first day. Male deaths accounted for nearly 60 per cent. of the total.

The principal causes of infant and neo-natal deaths in each Health Division and the Administrative County (after correction for inward and outward transfers) during the period 5th July to 31st December, 1948, are shown, together with the respective mortality rates, in Table 13, page 179.

Neo-natal deaths, i.e. those occurring during the first four weeks of life, will, by reference to Table 13, be seen to have amounted to some 64 per cent. of the total infant deaths and to have produced a mortality rate of 22 per 1,000 notified live births.

The chief cause of infant mortality was premature birth, which accounted for 29 per cent. of the total and 44 per cent. of the neo-natal deaths. Congenital malformations, the next highest cause, were responsible for 17 per cent. and 20 per cent. respectively.

The total deaths for the Administrative County shown in the above table and in Table 13, are further analysed by cause, sex and age groups, in the statement below:—

Cause of death	Age at death										TOTAL (all ages)		
	Under 1 day		1 to 7 days		Over 1 week and up to 4 weeks		Over 4 weeks and up to 6 months		Over 6 months and up to 12 months				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Cerebro-spinal fever .....	—	—	—	—	1	—	1	—	—	—	2	—	2
Scarlet fever.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough .....	—	—	—	—	—	—	—	—	1	—	1	—	1
Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—													
Pulmonary .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Other forms .....	1	—	—	—	—	—	—	1	—	1	1	2	3
Influenza .....	—	—	—	—	—	—	—	1	—	—	—	1	1
Measles .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis and polio-encephalitis .....	—	—	—	—	—	—	—	—	1	—	1	—	1
Bronchitis.....	—	—	—	—	1	—	6	3	1	1	8	4	12
Pneumonia (all forms) .....	—	—	5	1	5	4	22	19	10	10	42	34	76
Other respiratory diseases .....	—	1	1	—	2	—	1	1	1	—	5	2	7
Diarrhoea and enteritis .....	—	—	—	—	7	—	10	8	7	2	24	10	34
Congenital malformations .....	13	6	15	16	13	3	10	8	3	4	54	37	91
Congenital debility .....	—	2	3	2	—	—	5	2	1	—	9	6	15
Premature birth .....	45	36	28	28	8	3	2	3	—	—	83	70	153
Injury at birth .....	8	4	9	4	—	1	—	1	1	—	18	10	28
Other diseases peculiar to first year of life .....	4	7	11	1	1	2	6	4	—	1	22	15	37
All other causes .....	6	4	9	6	5	4	14	4	9	5	43	23	66
TOTAL—All causes .....	77	60	81	58	43	17	77	55	35	24	313	214	527



A noteworthy feature of the above table is the preponderance of male deaths over female. This is by no means all due to the fact that male live births outnumbered female and that there were, therefore, more potential male deaths. The excess of male deaths over female was far greater, proportionately, than the excess of male live births over female. This heavier mortality is particularly noteworthy in respect of deaths due to premature birth for, although female premature births outnumbered male by some 10 per cent., the male deaths from this cause were approximately 19 per cent. in excess of the female.

It is not, of course, possible to assess for the period 5th July to 31st December, 1948, the total infant mortality rate at all ages or for individual age groups on the basis of registered live births, as is done under the section of the report dealing with the vital statistics relating to infant mortality, but from the records of *notified* births for that period it is possible to give mortality rates which provide a fairly reliable indication of the principal causes of infant mortality and the most fatal age periods, etc.

Accordingly, in the table following, an attempt is made to show the mortality rate of infants at certain age periods by cause.

Cause of death	Mortality rate per 1,000 notified live births.		
	Under 1 day	Total up to 4 weeks	Total under 1 year
Pneumonia (all forms) .....	nil	0·98	4·98
Diarrhoea and enteritis .....	nil	0·46	2·23
Congenital malformations .....	1·25	4·33	5·96
Congenital debility .....	0·13	0·46	0·98
Premature birth .....	5·31	9·70	10·03
Injury at birth .....	0·79	1·70	1·83
Other diseases peculiar to first year of life .....	0·72	1·70	2·42
All other causes .....	0·79	2·69	6·09
TOTAL—All causes .....	8·98	22·02	34·54

It should be pointed out that the rates given above relate only to the last six months of 1948 and, as the incidence of certain diseases varies at different times of the year, it is possible in some cases that, taken over a full year, the rates could be somewhat different. Too much regard should not, therefore, be attached to rates applicable to less than a full year's experience.

MATERNAL MORTALITY.—As in the case of infant mortality, divisional administration of the health services has made it possible to analyse maternal mortality in the County to a much greater extent than before. Whilst it has been possible in the past to assess from the Registrar-General's statistics the trend of the mortality within the well-defined limits of (a) puerperal and post-abortive sepsis, and (b) other maternal causes, it is now possible to examine still further the causes of death within those two main classifications and to analyse the causes of death according to specified age groups.

Data thus accumulated is undoubtedly of great value to all workers concerned with ante-natal care, childbirth and the puerperium.

The table below shows, by Health Divisions, the numbers of fatalities, in differing age groups, from puerperal and other maternal causes (after correction for inward and outward transfers) during the period 5th July to 31st December, 1948:—

Health Division No.	Age at death.							Total (all ages)
	15—	20—	25—	30—	35—	40—	45—	
1	—	—	—	—	—	—	—	—
2	—	—	—	1	—	—	—	1
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	1	—	1	—	—	2
6	—	—	—	1	—	—	1	2
7	—	—	—	—	—	—	—	—
8	—	1	—	1	—	—	—	2
9	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
11	—	—	—	—	—	—	—	—
12	—	—	1	2	—	—	—	3
13	—	1	—	—	—	1	—	2
14	—	—	—	1	—	1	—	2
15	—	—	—	—	—	—	—	—
16	—	—	—	—	—	—	—	—
17	—	—	—	—	—	—	—	—
TOTAL	—	2	2	6	1	2	1	14

The divisional mortality rates together with the above divisional totals, analysed according to cause of death, are shown in Table 14, page 180. In the following tabular statement, the total for the Administrative County is analysed by cause and age group.

Cause of death.	Age at death							Total (all ages)
	15—	20—	25—	30—	35—	40—	45—	
<i>Puerperal and post-abortive sepsis—</i>								
Post-abortive infection .....	—	—	—	—	—	—	—	—
Infection during childbirth and the puerperium.....	—	—	—	—	—	—	—	—
TOTAL .....	—	—	—	—	—	—	—	—
<i>Other maternal causes—</i>								
Abortion without mention of septic condition .....	—	—	—	—	—	—	—	—
Ectopic gestation .....	—	—	—	—	—	—	—	—
Haemorrhage of pregnancy .....	—	—	—	2	—	1	—	3
Toxaemias of pregnancy .....	—	1	1	2	—	—	—	4
Other diseases and accidents of pregnancy.....	—	—	—	—	—	—	—	—
Haemorrhage of childbirth and the puerperium.....	—	1	—	—	—	—	—	1
Puerperal toxaemias .....	—	—	—	—	—	—	—	—
Other accidents of childbirth .....	—	—	—	—	—	1	—	1
Other or unspecified conditions of child- birth and the puerperal state ...	—	—	1	2	1	—	1	5
TOTAL .....	—	2	2	6	1	2	1	14
TOTAL—All causes .....	—	2	2	6	1	2	1	14

### MIDWIFERY

**Midwifery Area.**—Before the operation of the National Health Service Act, 1946, on the 5th July, 1948, the County Council was the Local Supervising Authority responsible for the administration of the Midwives Acts in the whole of the Administrative County area, with the exception of the Municipal Boroughs of Darwen, Eccles, Leigh and Stretford. After this date, the duties of the Local Supervising Authority devolved upon the "Local Health Authority" as defined in the National Health Service Act. The four former autonomous midwifery areas ceased to exist, and the midwifery area became the Administrative County area.

**Midwifery Service.**—ADMINISTRATION.—The proposals under the National Health Service Act for the provision of a midwifery service in the Administrative County area were submitted to the Minister of Health and approved by him on the 14th May, 1948. These proposals were set out in the Annual Report for last year.

There was no extensive change in the organisation of the midwifery service when the National Health Service Act came into operation, and the main work was concerned with the administrative changes necessary to enable Divisional Committees to take over the day-to-day conduct of the service. The three former autonomous midwifery authorities, Eccles, Leigh and Stretford, employed 15 midwives directly, and the remaining autonomous authority, the Borough Council of Darwen, employed three nurse-midwives on an agency arrangement with the local District Nursing Association. The complete midwifery staffs of these authorities were transferred to the County Council under the provisions of the Act. Applications for district midwifery posts with the County Council were received from the nurse-midwives employed by the Darwen Nursing Association and two of these were subsequently appointed. Six district nurse-midwives formerly employed by other District Nursing Associations applied for midwifery posts and were appointed.

As a result of these changes, the number of midwives employed by the County Council increased from 193 to 216.

During the remainder of the year four additional midwives were appointed, so that, on the 31st December, 220 whole-time midwives and 92 district nurse-midwives were engaged in the Administrative County.

The staffing of the midwifery service is based on the Rushcliffe Committee recommendation that in urban areas the full-time work for one midwife should be 66 cases per annum. In some rural areas there is not sufficient midwifery work within a reasonable area to justify the employment of whole-time midwives, and midwifery is undertaken by district nurse-midwives. Provision is made in each divisional establishment for one relief midwife so that each Health Division will be able to meet locally most of the demands for a relief midwife which arise due to sickness and the holiday season.



The total number of births in the County area showed a decline on the year 1947. A similar decline in the total of domiciliary births could therefore be expected, but by the end of the year it appeared that domiciliary births were falling off rather more than proportionately, and that there was an increased demand for hospital confinement which was being met to some extent. Due to staffing difficulties, hospital accommodation generally falls short of the demands at present and, under the pressure of circumstances, the patient's stay in hospital has been greatly reduced. This procedure does increase the hospital capacity but it means that visiting for the remainder of the puerperium is thrown onto the domiciliary midwifery service.

Important health, financial and administrative questions are involved with regard to this pressure upon maternity hospital beds and the resulting early discharge of patients. A further year's experience is necessary before conclusions can be drawn and an estimate made as to the permanency of the present trends and their effect upon the domiciliary midwifery services of local health authorities. The position will be carefully watched as the three branches of the maternity service, the hospital, the clinic and the district midwife, must be closely linked. To this end efforts have been made during the year to make the expectant mother more "clinic minded" by making clinics available at certain times to district midwives for ante-natal supervision of their own patients and by holding lectures and demonstrations by midwives to groups of expectant mothers. A notable aspect of district practice covered in this way is the ante-natal "familiarization" training with the gas/air machine.

**SUPERVISION.**—Routine supervision of midwives has been carried out, including visits with the midwives to the homes of patients. These visits are important in maintaining a high standard of technique. They are also useful in keeping the Supervisors in touch with the conditions under which the midwives carry out their work and the difficulties arising therefrom.

The Supervisors of Midwives have also attended midwives' group meetings and discussions between Divisional Medical Officers and midwives.

At the request of the Chief Constable, arrangements have been made for the Supervisors to give lectures on "First Aid in Midwifery" to police personnel at the Lancashire County Police Training School at Stanley Grange.

**Gas/Air Analgesia.**—During the year, the County Council continued to press on with the training of midwives in the administration of gas/air analgesia and to encourage its use. Two hundred and five County Council midwives now hold the certificate. The remaining fifteen are midwives almost due for retirement or are recently appointed midwives who had not previously taken the special training.

Since training in gas/air analgesia has now been incorporated in the general syllabus of training for pupil midwives, in future most new entrants to the service will hold the certificate.

Minnitt gas/air machines are available for all midwives qualified to use them. The use of other analgesics, such as trilene, for domiciliary midwifery is still being investigated by the Medical Research Council and Central Midwives Board. The introduction of a more compact and easily portable apparatus for the administration of analgesia in domiciliary practice will overcome many of the present practical difficulties, and will be very welcome.

**District Teachers.**—The important work of providing district training (Part II) for pupil midwives has been carried out with very good results by 18 County Council domiciliary midwives approved as District Teachers by the Central Midwives Board.

District Teachers have been provided for pupil midwives from the following hospitals:—

Fairfield Hospital, Bury,  
Sharoe Green Hospital, Fulwood,  
Rossendale General Hospital.

This is a most valuable part of the training of pupil midwives, each one of whom is seen at her practical work by a Supervisor of Midwives. In addition, it has the advantage of developing the interests of the District Teachers in the up-to-date methods of midwifery, and promotes co-operation with the Teaching Hospitals.

**Post-Graduate Training.**—The Central Midwives Board has under consideration the eventual development of a post-graduate training scheme whereby district midwives will be required to attend a refresher course in a maternity hospital at least once in each five years of midwifery service. In the meantime, full advantage has been taken of available post-graduate training schemes.

The Royal College of Midwives organised a series of summer schools in which lectures were given by many leading obstetricians and gynaecologists. Visits to hospitals and clinics were also arranged. The series of courses was as follows:—

April 11th to 17th, 1948—A resident and non-resident course held at the Medical School of Birmingham University.

July 17th to 23rd, 1948—A residential course for midwife teachers and midwives engaged in teaching, held at Bristol University.

September 5th to 11th, 1948—A resident course for midwives held at Keble College, Oxford.

October 11th to 16th, 1948—A non-resident course for midwives held at the Royal College of Midwives, London.



Since this was the first post-war opportunity, as many midwives and district nurse-midwives as could be spared attended these summer schools and, in fact, fifteen midwives attended each of the schools at Birmingham, Oxford and London, and five midwifery teachers attended the school at Bristol.

In September, the Medical Officer of Health of the City of Manchester extended an open invitation to the County Council's midwifery staff to attend a series of six lectures which was being organised in Manchester for the City's midwifery staff. The programme of lectures covered a wide and interesting field and was very well designed.

Midwives from the surrounding areas attended all, or some, of these lectures by making mutual district relief arrangements. The expressions of appreciation which were received indicate how useful it is to the district midwife to have the latest advances and the various aspects of midwifery explained by specialists.

**Housing of County Council Midwives.**—Last year the County Council approved a programme for the provision of 42 houses for midwives and district nurse-midwives, and the Minister of Health gave his consent to the raising of a loan of £77,280 for the purpose. All these houses are to be built in conjunction with the Police Housing Scheme.

The Minister approved tenders for five houses and at the end of the year three houses were almost ready for occupation. During the year plans were made for thirty-four sites to be acquired throughout the County; twenty sites were actually obtained and contracts were let for eight houses.

Many applications were made to local housing authorities for council houses for district midwives, and the following authorities made allocations:—

Accrington B.C.  
Ashton-in-Makerfield U.D.C.  
Bacup B.C.  
Irlam U.D.C.  
Kirkham U.D.C.  
Rawtenstall B.C.  
Standish U.D.C.

The Borough Councils of Eccles, Leigh and Stretford agreed to the transfer to the County Council of the tenancies of a total of nine council houses occupied by midwives transferred to the staff of the County Council on the 5th July, 1948.

The Minister of Health suggested to local housing authorities that, when they undertake the planning of large housing estates, provision be made for the allocation of suitable houses for midwives and district nurses. Applications are, therefore, being made for houses for midwives on new estates at present being planned.

On the 31st December, 1948, 25 midwives were occupying council houses on their own tenancies, 26 were occupying council houses let to the County Council by the local Housing Authority, and two midwives were living in property owned by the County Council.

Great difficulty has been experienced in finding accommodation for district midwives. This is just a particular aspect of the general housing shortage, but in the midwifery service it has been accentuated by the need to find accommodation for new appointments. When the midwifery service was set up in 1937, most of the staff were already resident in their districts and the demand for new housing was negligible. Some of these midwives are now retiring, and when they are replaced it is often necessary to find accommodation for their successors.

The situation has been met in two ways. Firstly, by requests for council houses supported by Ministry of Health Circular 15/48 and, secondly, by extending the service of midwives resident in their districts beyond the normal date of retirement. The action of midwives who consented to continue in midwifery in this way is greatly appreciated.

**Provision of Motor Cars.**—During the year, 15 County Council midwives applied for loans under the County Council's scheme to assist in the purchase of cars for use in their practice. Seventeen midwives obtained cars on letters of recommendation supplied by the County Council to car dealers, and four new cars were obtained through County Council block orders. At the end of the year, 132 midwives were using their own cars for duty, three were using autocycles and four were using County Council pool cars.

**Driving Courses.**—Last year, considerable difficulty arose from the fact that County Council midwives were unable to obtain driving instruction through the usual motor driving schools. The factors contributing to this were, firstly, the increased birth-rate which put some strain on the domiciliary midwifery service as a whole and made it very difficult for midwives to make appointments for driving instruction with any certainty of being able to keep them and, secondly, the shortage of vacancies at driving schools. To overcome this, the Chief Constable of Lancashire was consulted with a view to driving instruction being arranged at the County Police School at Hutton, near Preston. Under the circumstances, the Chief Constable agreed to provide courses of instruction. The course was arranged for two weeks at first, but experience showed that three weeks were required and the course was accordingly extended. Midwives and district nurse-midwives attending the course are relieved from their districts for a period of three weeks and stay at the Highways Hostel, Euxton. Two nurses attend each course. Instruction begins in the school with lectures and demonstrations on elementary motor car construction and the theory and practice of driving. After preliminary instruction, the nurses are taken out in cars under the supervision of a police driving instructor. The driving practice gradually becomes more advanced and includes a good proportion of town driving. On the last day of the course, the nurses are taken for a Government driving test in Preston.

The results of driving courses and tests held in the latter part of 1947 and the year 1948 show that, out of a total of 40 trainees, 21 passed the test the first time, 10 passed a subsequent test, 7 failed and 2 were not submitted for tests as they already held the appropriate licence.

The midwives concerned took 50 tests altogether and the pass rate was 62 per cent. This result compares very favourably with the pass rate of 53·6 per cent. which the Minister of Transport gives for women candidates in Great Britain during the period June to November, 1949. The pass rate for all candidates over the same period was 59·7 per cent. and for men only, 60·6 per cent. The nurses' results are even more enhanced when it is remembered that one-third of their number were over 40 years of age.

### STATISTICS

INFORMATION RELATING TO ALL THE MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA.

**Roll of Midwives.**—The following tabular statement shows the distribution in the various types of service of all midwives on the County roll on the 31st December, 1948:—

Type of service	Maternity nurses	Midwives	
		Total No.	No. qualified to administer analgesics
(a) Local Health Authority Services—			
County Council midwives .....	—	222	200
County Council district nurse-midwives .....	—	83	64
(b) Hospital services—			
In State hospitals .....	28	137	137
In voluntary hospitals .....	2	13	4
(c) In private practice—			
Domiciliary .....	5	30	8
Nursing homes, etc. ....	6	27	14
<b>TOTAL—All services</b> .....	<b>41</b>	<b>512</b>	<b>427</b>

**Cases Attended.**—The numbers of cases attended by the midwives in all districts of the Administrative County during the whole year 1948 are given below:—

Type of service	Live and stillbirths attended as—		Mis-carriages	Total cases	Cases in which gas/air analgesia was used
	Midwife	Maternity nurse			
(a) Local Health Authority services—					
*County Council midwives .....	10,625	2,515	551	13,691	4,521
*County Council district nurse-midwives .....	1,061	602	121	1,784	559
(b) Hospital services—					
In those hospitals which became State hospitals on 5th July, 1948 .....	11,725	2,704	457	14,886	6,995
In those hospitals which remained voluntary hospitals on 5th July, 1948 .....	220	5	—	225	70
(c) In private practice—					
Domiciliary .....	307	140	4	451	4
Nursing homes, etc. ....	260	1,120	10	1,390	569
<b>TOTAL—All services</b> .....	<b>24,198</b>	<b>7,086</b>	<b>1,143</b>	<b>32,427</b>	<b>12,718</b>

\* Including cases attended prior to 5th July by midwives of the four former autonomous midwifery areas and D.N.A. district nurse-midwives who were subsequently absorbed into the County Council service.



The total cases attended by midwives employed by the County Council and by district nurse-midwives in the last three years are given below. The cases formerly attended by District Nursing Associations are now attended mostly by County Council district nurse-midwives:—

Cases attended	1946		1947		1948	
	County Council midwives	D.N.A. district nurse-midwives	County Council midwives	D.N.A. district nurse-midwives	County Council midwives	District nurse-midwives
Live and stillbirths—					†	†
As midwife .....	9,980	1,777	11,873	2,566	10,625	1,061
As maternity nurse .....	2,009	784	2,438	715	2,515	602
Miscarriages .....	*	*	*	*	551	121
TOTALS	11,989	2,561	14,311	3,281	13,691	1,784
	14,550		17,592		15,475	

† Including cases attended prior to 5th July by midwives of the four former autonomous midwifery areas and D.N.A. district nurse-midwives who were subsequently absorbed into the County Council service.

\* Miscarriages included above.

**Notifications.—MEDICAL AID, STILLBIRTHS AND DEATHS.**—For certain scheduled abnormalities a midwife, acting as a midwife, is obliged to issue a medical aid form calling in a doctor. In the event of a stillbirth or a death of a mother or child (aged under one month) occurring in her practice, such occurrence must be notified to the Local Supervising Authority. The notifications received from all midwives during the period 5th July to 31st December, 1948, are analysed in the following statement:—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under one month)
(a) Local Health Authority services—				
County Council midwives .....	2,102	78	2	55
County Council district nurse-midwives .....	262	6	—	4
(b) Hospital services—				
In State hospitals .....	418	56	2	50
In voluntary hospitals .....	6	—	—	—
(c) In private practice—				
Domiciliary .....	32	3	—	—
Nursing homes, etc. ....	35	—	—	3
TOTAL—All services .....	2,855	143	4	112

The following table shows the numbers of notifications received from all midwives on the County roll in respect of calls for medical aid and stillbirths during the whole of 1948, together with those for each of the two previous years. It must be noted, however, that, whilst the figures for 1946 and 1947 do not include notifications made by midwives from the four County districts which, prior to the 5th July, 1948, were autonomous midwifery areas, those for 1948 do include such notifications made after that date, when the County Council, as Local Health Authority, became the Local Supervising Authority for the whole of the Administrative County area.

Year	Calling for medical aid	Stillbirths
1946	5,516	176
1947	6,339	162
1948	5,440	186



Similarly in the table below, which is a summary of medical practitioners' claims for fees for emergency calls made by midwives during 1948 and the two previous years, the figures for 1948 include cases occurring after the 5th July, 1948, in the former autonomous midwifery areas:—

Year	Total no. of calls for medical aid made by midwives	No. of claims made by medical practitioners	Total amount of claims paid	Amount of average claim
			£ s. d.	£ s. d.
1946	5,516	4,158	7,498 11 0	1 17 6
1947	6,339	4,834	8,895 14 6	1 17 6
1948	5,440	4,141	*11,125 5 7	2 13 6

\* The large increase in 1948 in the total amount of claims paid is accounted for by the introduction on the 18th April, 1948, of the Medical Practitioners' (Fees) Regulations, 1948, in which the fees set out in the Regulations of 1940 were substantially increased.

#### INFORMATION RELATING TO THE COUNTY COUNCIL MIDWIFERY SERVICE

The following is a summary of the cases attended by County Council midwives and district nurse-midwives during the period 5th July to 31st December, 1948:—

	Total cases			Gas/air cases (included under total cases)			Total visits paid			Deaths (including cases removed to hospital)	
	As midwife	As mat'rinity nurse	Total	As midwife	As mat'rinity nurse	Total	As midwife	As mat'rinity nurse	Total	Mother	Child (under 1 month)
Midwives .....	4,958	1,119	6,077	1,975	366	2,341	93,518	19,406	112,924	6	75
District nurse-midwives .....	440	368	808	160	104	264	12,555	8,638	21,193	—	5
Total .....	5,398	1,487	6,885	2,135	470	2,605	106,073	28,044	134,117	6	80

The total cases attended are further analysed in the table below, which shows their distribution in relation to live births, stillbirths and miscarriages:—

	Live births			Stillbirths			Miscarriages		
	As mid-wife	As mater-nity nurse	Total	As mid-wife	As mater-nity nurse	Total	As mid-wife	As mater-nity nurse	Total
Midwives .....	4,647	973	5,620	77	28	105	234	118	352
District nurse-midwives .....	425	300	725	6	13	19	9	55	64
Total .....	5,072	1,273	6,345	83	41	124	243	173	416

The proportions of (i) total and (ii) domiciliary births in the Administrative County attended by County Council midwives and district nurse-midwives during the period 5th July to 31st December, 1948, are as follow:—

(a) Total No. of live and still births occurring in the Administrative County .....	14,356
(b) No. of (a) which were domiciliary .....	6,691
(c) No. of (b) which were attended by County Council midwives and district nurse-midwives .....	6,469
(d) Percentage of (c) to (a) .....	45
(e) Percentage of (c) to (b) .....	96
(f) Percentage of (c) in which gas/air was given .....	40

## HEALTH VISITING

The authorised establishment for health visitors/school nurses is 300, but the actual staff employed is much below this owing to the difficulty in obtaining suitable personnel.

It is the policy of the County Council to employ health visitors to undertake the combined duties of health visitors and school nurses. Most of those at present on the staff carry out these duties, but there are a few who undertake either health visiting only or school nursing only. Since the end of the year under report the County Council have decided to grant assistance to any approved case of a school nurse undertaking training for the health visitor's certificate.

There were 185 health visitors/school nurses on the staff at the end of the year.

During 1948 the health visitors made visits as under:—

	1st Jan., 1948, to 4th July, 1948	5th July, 1948, to 31st Dec., 1948	Total, 1948
(a) To expectant mothers—			
(i) First visits .....	1,602	3,709	5,311
(ii) Total visits .....	2,448	6,298	8,746
(b) To infants under 1 year of age—			
(i) First visits .....	9,317	16,877	26,194
(ii) Total visits .....	27,853	62,465	90,318
(c) To children aged 1 to 4 years inclusive .....	16,297	57,491	73,788
(d) Other visits .....	4,186	21,627	25,813

The above information for the period 5th July to 31st December, 1948, is analysed by Health Divisions in the following table:—

Health Division No.	No. of visits paid by Health Visitors during the period 5th July to 31st December, 1948, to:—					
	Expectant mothers		Children aged under 1 year		Children aged 1 to 4 years	Other Classes
	First visits	Total visits	First visits	Total visits	Total visits	Total visits
1	21	62	291	1,271	947	725
2	194	245	772	4,214	5,028	82
3	241	501	948	4,613	3,797	1,783
4	191	322	1,343	3,556	3,202	904
5	261	434	1,098	4,379	3,668	10,139
6	332	527	753	3,794	3,782	685
7	134	245	1,403	3,752	3,265	520
8	209	415	826	3,601	3,453	90
9	393	589	1,697	7,941	5,315	1,166
10	162	385	619	3,213	3,468	918
11	299	606	1,230	4,898	5,118	1,019
12	188	335	1,089	1,804	2,128	691
13	117	210	674	2,366	1,798	469
14	149	244	875	3,111	2,551	159
15	195	299	1,048	3,500	4,898	505
16	428	555	1,187	2,677	1,897	1,495
17	195	324	1,024	3,775	3,176	277
Totals— Administrative County	3,709	6,298	16,877	62,465	57,491	21,627



## HOME NURSING

**Transfer of Functions.**—On the 5th July, 1948, the County Council became responsible for providing a Home Nursing Service in the whole of the Administrative County area.

Immediately prior to that date, 157 District Nursing Associations, employing some 273 district nurses and nurse-midwives, were operating in the area. With one or two exceptions, all the nurses formerly employed by District Nursing Associations were taken on the staff of the County Council, and a few additional nurses were appointed and allocated to areas which had not previously been provided with the services of a district nurse.

During the first three months of the service many District Nursing Associations materially assisted the County Council by meeting, subject to reimbursement, the day-to-day management expenses of Nurses' Homes and the running expenses of their motor cars, but by the 1st October, 1948, the transfer of functions was complete.

**Purchase of Nursing Association Properties.**—Forty-six of the District Nursing Associations located in the area of the Administrative County owned the premises in which their nurses lived, and 82 provided their nurses with motor cars. Many also provided furniture, nurses' equipment and appliances for patients. A few Nursing Associations gave their properties to the County Council and the majority of those remaining agreed to sell subject to agreement on price being reached. In accordance with instructions received from the Minister of Health, arrangements were made for terms of purchase to be negotiated by the district valuers on behalf of the County Council and, whilst there has been considerable delay, particularly in the acquisition of premises, the negotiations generally have proceeded smoothly.

**Adequacy of Service.**—Insufficient experience of the administration of the service is available to make any observations, except in the most general terms, on its adequacy either in numbers or quality of staff, but it is perhaps significant that it has remained almost entirely free from criticism from any source since the County Council assumed responsibility.

It is possible that there may be a number of persons not requiring skilled nursing care, such as the aged, and crippled persons, living alone, who would benefit from attention by a nurse or nursing auxiliary, and who are not availing themselves of the service, but there is no evidence that such cases exist in any considerable numbers. It seems reasonable to assume that persons requiring skilled nursing would be under the care of general medical practitioners and that in all such cases the district nurses would be called in.

It is impracticable to draw any comparisons between the numbers of persons nursed by the County Council with those previously nursed by District Nursing Associations as a good many of the areas in the Administrative County were nursed, prior to the 5th July, 1948, from County Boroughs, whilst some of the Nursing Associations located in the County area operated in other County Council areas, and a few areas were entirely without a Home Nursing Service.

On the limited information available, however, it appears that the service has been adequate to meet the needs of the community. On the other hand it seems clear that, if the number of cases increases to any large extent and particularly if many of these require continuous nursing care, i.e., 24-hour nursing, the number of staff at present employed will have to be increased beyond its present strength.

**Roll of Nurses.**—The following tabulated statement gives details of nurses employed by the County Council on the 5th July and the 31st December, 1948:—

Category	Number Employed	
	5th July, 1948	31st December, 1948.
<i>Whole-time employees—</i>		
Superintendent and Assistant Superintendent (Administrative) .....	3	2
Superintendents and Assistant Superintendents of District Nurses' Homes .....	7	6
District nurses (general nursing only) .....	177	187
District nurses (general nursing and midwifery) .....	90	81
	277	276
<i>Part-time employees—</i>		
District nurses (general nursing only) .....	33	34
District nurses (general nursing and midwifery) .....	1	3
Total employees .....	311	313



**Motor Transport.**—The numbers of motor vehicles in use by County Council nurses at the 5th July and the 31st December, 1948, are given in the following statement:—

Ownership of vehicles	Motor vehicles in use			
	At 5th July, 1948		At 31st December, 1948	
	Motor cars	Auto-cycles	Motor cars	Auto-cycles
District Nursing Associations	82	5	52	5
District nurses .....	31	3	37	2
County Council .....	* 7	1	32	1
<b>TOTALS</b> .....	120	9	121	8

\* These vehicles were given to the County Council by District Nursing Associations as from the 5th July, 1948.

**Housing of Nurses.**—The position with regard to the housing of County Council nurses in the Home Nursing Service is shown below, as at the 5th July and the 31st December, 1948:—

Ownership of premises	Position at 5th July, 1948		Position at 31st December, 1948	
	No. of houses	No. of nurses resident	No. of houses	No. of nurses resident
District Nursing Associations	46	85	45	83
District Councils—				
Let to District Nursing Associations .....	9	10	—	—
Let to County Council .....	—	—	14	15
Let to district nurses .....	4	5	5	6
Privately owned—				
Let to District Nursing Associations .....	21	32	—	—
Let to County Council .....	—	—	22	30
County Council .....	—	—	* 1	1
<b>TOTALS</b> .....	80	132	87	135

\* Premises given to County Council by a District Nursing Association.

**General Nursing Cases Attended.**—During the period 5th July to 31st December, 1948, a total of 342,923 visits were made to 17,636 general nursing cases, an average of 19·4 visits per case, and in addition 8,937 casual advisory visits were made. In the analysis in Table 15, page 181, of the action taken during the period, the types of case attended are given in certain broad categories.

## VACCINATION

**General Observations.**—The law relating to vaccination against smallpox was fundamentally changed as a result of the passing of the National Health Service Act, 1946, in that the Vaccination Acts providing for compulsory vaccination in infancy ceased to have effect from the 5th July, 1948, and vaccination was placed on the same footing as immunisation against diphtheria.

The removal of the compulsory element regarding vaccination must not, however, be taken as an indication that its value as a preventive measure is uncertain. There is, on the other hand, overwhelming evidence that successful vaccination confers a high degree of individual protection against smallpox, which gradually wanes in the course of a few years, and the present relative freedom of this country from outbreaks of the disease is not a good reason for ceasing to vaccinate infants as a routine prophylactic procedure.

The Health Committee are responsible for the implementation of a scheme, the intention of which is to make vaccination available to all persons desiring it. A copy of the scheme was reproduced in the Annual Report for 1947.

**Vaccinations Performed.**—Since the scheme of voluntary vaccination came into being on the 5th July, 1948, more detailed records than were hitherto possible have been maintained by Divisional Medical Officers, and the table below shows for each Health Division, and for the Administrative County as a whole, the numbers of primary vaccinations and re-vaccinations undertaken from that date up to the 31st December, 1948.

Health Division No.	PRIMARY VACCINATIONS										RE-VACCINATIONS									
	Age in years										Age in years									
	Under 1		1—		5—		15—		Total		Under 1		1—		5—		15—		Total	
	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful
1	102	100	1	1	1	1	1	1	105	103	—	—	2	1	1	1	24	21	27	23
2	172	161	5	5	6	4	9	9	192	179	1	1	—	—	1	1	46	34	48	36
3	101	82	8	8	6	4	8	8	123	102	—	—	1	1	—	—	27	18	28	19
4	102	101	6	6	7	7	19	19	134	133	1	—	—	—	1	1	22	22	24	23
5	93	87	6	6	—	—	10	9	109	102	5	2	1	1	—	—	12	10	18	13
6	44	44	2	2	1	1	6	6	53	53	—	—	1	1	2	2	16	16	19	19
7	572	547	32	27	4	4	18	16	626	594	9	9	8	8	4	4	92	89	113	110
8	88	86	2	2	3	3	5	5	98	96	—	—	—	—	—	—	20	20	20	20
9	349	332	4	4	2	2	9	8	364	346	7	4	1	1	—	—	11	11	19	16
10	85	80	1	1	4	3	10	10	100	94	2	1	—	—	7	6	21	19	30	26
11	63	59	1	1	1	1	18	18	83	79	—	—	—	—	—	—	20	17	20	17
12	137	119	7	7	4	3	24	20	172	149	—	—	—	—	4	4	20	19	24	23
13	37	36	4	4	1	1	4	4	46	45	—	—	—	—	—	—	4	4	4	4
14	84	81	3	3	2	2	10	10	99	96	—	—	—	—	3	3	17	15	20	18
15	87	78	7	7	8	6	24	22	126	113	8	4	—	—	—	—	8	7	16	11
16	169	165	6	6	5	5	11	11	191	187	—	—	—	—	2	2	30	24	32	26
17	57	56	3	3	3	3	11	11	74	73	—	—	—	—	—	—	9	9	9	9
Total—Administrative County	2342	2214	98	93	58	50	197	187	2695	2544	33	21	14	13	25	24	399	355	471	413

By reason of the change from compulsory to voluntary vaccination and the consequent necessity for a new type of administrative procedure, the continuity of many of the records relating to vaccination has been broken, and a proper comparison of the figures for 1948 with previous years has been rendered impracticable.

No instances are recorded in any Division of vaccination with which there occurred, or was alleged to have occurred (a) generalised vaccinia, (b) post-vaccinial encephalomyelitis or (c) death from complications of vaccination other than those mentioned at (a) and (b).

By the end of the year, 745 general practitioners were taking part in the arrangements for vaccination made under section 26 of the National Health Service Act, 1946.

The following table analyses by age groups the number of vaccinations performed during the period 5th July, 1948, to 31st December, 1948, as to those undertaken at (a) special clinics, either by general practitioners or the County Council's own Medical Officers, and (b) by general practitioners in the course of their private practice:—

Health Division No.	No. of vaccinations performed during period 5th July to 31st December, 1948																							
	At special clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0— years		5— years		15 yrs. and over		0— years		5— years		15 yrs. and over		0— years		5— years		15 yrs. and over		0— years		5— years		15 yrs. and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	4	—	—	—	—	—	—	—	—	—	—	—	99	2	1	1	1	24	103	2	1	1	1	24
2	—	—	—	—	—	—	—	—	—	—	—	—	177	1	6	1	9	46	177	1	6	1	9	46
3	—	—	1	—	—	1	—	—	—	—	—	—	84	1	5	—	8	26	109	1	6	—	8	27
4	25	—	—	—	—	—	—	—	—	—	—	—	108	1	7	1	19	22	108	1	7	1	19	22
5	—	—	—	—	—	—	—	—	—	—	—	—	99	6	—	—	10	12	99	6	—	—	10	12
6	—	—	—	—	—	—	—	—	—	—	—	—	46	1	1	2	6	16	46	1	1	2	6	16
7	—	—	—	—	—	—	—	—	—	—	—	—	342	17	2	3	18	90	604	17	4	4	18	92
8	15	—	—	—	—	—	247	—	2	1	—	2	90	—	3	—	5	20	90	—	3	—	5	20
9	—	—	—	—	—	—	—	—	—	—	—	—	101	7	2	—	7	9	353	8	2	—	9	11
10	252	1	—	—	2	2	—	—	—	—	—	—	86	2	4	7	10	21	86	2	4	7	10	21
11	—	—	—	—	—	—	—	—	—	—	—	—	64	—	1	—	18	20	64	—	1	—	18	20
12	—	—	—	—	—	—	—	—	—	—	—	—	144	—	4	4	24	20	144	—	4	4	24	20
13	13	—	—	—	3	—	—	—	—	—	—	—	28	—	1	—	1	4	41	—	1	—	4	4
14	8	—	1	—	2	—	—	—	—	—	—	—	79	—	2	2	10	15	87	—	2	3	10	17
15	—	—	—	—	—	—	—	—	—	—	—	—	94	8	—	—	24	8	94	8	—	—	24	8
16	5	—	—	—	—	—	—	—	—	—	—	—	170	—	5	2	11	30	175	—	5	2	11	30
17	—	—	—	—	—	—	—	—	—	—	—	—	60	—	3	—	11	9	60	—	3	—	11	9
Total—Administrative County	322	1	1	1	5	5	247	—	2	1	—	2	1871	46	55	23	192	392	2440	47	58	25	197	399

P=Primary vaccination. R=Re-vaccination.



It is apparent from the foregoing table that only a small minority of the parents desiring vaccination for their children took advantage of the facilities available at Child Welfare Centres, Special Clinics, etc., and that the greater part of the work was undertaken by medical practitioners in the course of private practice. Of an over-all total of 3,166 vaccinations performed only 587, or 18·5 per cent., took place at special clinics. When one considers the number of general practitioners taking part in the arrangements for vaccination, however, the average number of vaccinations per private practitioner is seen to be relatively small.

On the other hand, in the case of immunisation against diphtheria, where the numbers involved are considerably greater, the relationship between numbers performed at special clinics and those performed by general practitioners in the course of private practice is the reverse of that experienced in connection with vaccination, as will be seen by a reference to the table on page 54.

The reason for this may simply be that parents, in this respect, have been actuated mainly by habit or custom, for prior to the 5th July, 1948, the greater part of immunisation against diphtheria was effected at clinics, whilst vaccination was carried out by public vaccinators who were general practitioners in private practice.

Facilities exist whereby children resident in Children's Homes, Part III Accommodation and Day Nurseries can be vaccinated and, during the period 5th July to 31st December, 1948, a total of 40 vaccinations, all primary, were performed—39 in the 0—4 years age-group and one in the 5—14 age-group.

**Propaganda.**—Divisional Medical Officers, reporting on measures taken to publicise the vaccination arrangements and on progress made, are almost unanimous in stating that, despite active personal propaganda by health visitors and midwives in the course of their visits to homes and by medical and nursing staffs at Clinics and Child Welfare Centres, and the distribution of leaflets and display of posters, the response of parents has been, generally speaking, one of apathy. Although comparative figures of pre-July vaccinations are not available, it would appear that the removal of the element of compulsion has resulted in a considerable reduction in the numbers of infants and children being presented for vaccination. Such a state of affairs, if maintained, is one of potential danger.

On the other hand, a period of six months under the new arrangements is too small an experience for any settled reaction to be assumed. The fees payable to general practitioners in respect of vaccination have not yet been agreed between the Ministry and the medical profession and it is possible that, once this matter has been settled, the family doctor will advise more actively in the cause of vaccination. Such personal propaganda is likely to produce far better results than the leaflet or the poster. With regard to the dissemination of information by the latter means, reports of Divisional Medical Officers show that the sphere of influence of the leaflet and poster was limited in the main to those who attended Child Welfare Centres and Clinics and, therefore, to a minority. For example, less than one-third of the children in the County under the age of 5 years attended Child Welfare Centres during the period under review. Many of the remaining children were, of course, covered by the personal propaganda of health visitors, but, nevertheless, it does seem that better results may be obtainable by the wider and more public distribution of leaflets and posters, the increased use of appropriate films, and talks to such as Women's Guilds, Women's Institutes and similar bodies.

It is well to bear in mind at this point that even compulsory vaccination did not produce such good results as might have been expected in the last decade. During the years 1937-46 the number of statutory declarations of conscientious objection to vaccination was, on average, in the region of 50 per cent. of the total potential infant vaccinations, as compared with an average of approximately 30 per cent. in respect of vaccinations successfully performed. There seems little doubt, therefore, that to many parents an absence of smallpox has for some considerable time been synonymous with an absence of need for vaccination, and it is this section of the community in particular to which more intensive and persistent propaganda must be addressed.

## DIPHTHERIA IMMUNISATION

**General Observations.**—Prior to the introduction of active immunisation against diphtheria, this disease was the most common single cause of death among children of school age in spite of efforts to control the spread of infection by compulsory notification, hospital isolation, disinfection of rooms, clothes, etc. It was also the third most common cause of death between one and five years of age.

The practice of giving artificial immunisation against diphtheria has, over the last decade, resulted in a remarkable decline in the incidence of the disease in those areas where a high proportion of children have received protection. In the Administrative County in 1938 there were 4,571 cases of diphtheria with 208 deaths, but with the development of schemes of immunisation the notifications had by 1948 fallen to 202, and only 11 deaths occurred.

Experience in other countries has shown that if three-quarters of the number of children at each year of age below 15 were immune, and this level maintained year by year, the disease would practically disappear. As will be seen from the tables which follow, whilst, in the Administrative County, this figure has been practically reached as regards children of school age, the proportion of children under five years so protected falls far below the desired figure. It is imperative, therefore, that if the protection afforded by immunisation is to be thoroughly effective, a much greater effort is needed towards ensuring the active immunisation of the under-fives.

Prior to the operation of the National Health Service Act, 1946, on the 5th July, 1948, which by section 26 placed upon the County Council, as local health authority, the duty of providing immunisation facilities throughout the Administrative County, immunisation schemes were in the hands of local sanitary authorities, and in these schemes the authorities had for some considerable time been assisted financially by the County Council.



The transfer to the County Council of the duties relating to immunisation necessitated the taking over from such local sanitary authorities of all records, etc., and, by reason of the co-operation of local Medical Officers of Health, this was accomplished comparatively smoothly.

The scheme of the County Council in relation to immunisation was reproduced in the Annual Report for 1947. This scheme lays upon health visitors the duty of securing that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age. During the period of school life, arrangements exist whereby systematic provision is made for administering reinforcing injections at a suitable age.

Arrangements were made in each Health Division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools, etc., and, in addition, medical practitioners were invited to take part in the scheme either by conducting sessions or in the course of their private practice.

**Immunisations Performed.**—The table below gives particulars of the numbers of children who (i) completed a full course of primary immunisation, and (ii) were given a reinforcement injection during the period 5th July, 1948, to 31st December, 1948, since diphtheria immunisation became a County Council responsibility:—

Health Division No.	No. of children who completed a full course of primary immunisation during the period 5th July to 31st December, 1948									No. of children who were given a reinforcement injection (i.e., subsequent to complete course)		
	Age at date of final injection									Age group		
	0—	1—	2—	3—	4—	Total under 5 years	5—	10—	Total aged 5-14 yrs. incl.	0—	5—	Total 0-14 yrs. incl.
1	78	132	24	15	26	275	109	39	148	7	426	433
2	202	452	62	18	15	749	57	17	74	42	451	493
3	181	294	46	20	47	588	155	11	166	4	323	327
4	179	468	50	28	24	749	172	52	224	10	167	177
5	68	412	50	22	13	565	19	4	23	120	65	185
6	153	417	36	6	8	620	56	25	81	12	212	224
7	349	555	116	44	64	1,128	168	48	216	13	672	685
8	270	353	39	30	16	708	80	31	111	17	107	124
9	639	452	78	41	25	1,235	74	71	145	47	799	846
10	164	264	11	9	14	462	17	36	53	7	238	245
11	283	628	72	31	28	1,042	44	6	50	29	152	181
12	296	509	62	26	46	939	126	42	168	86	925	1,011
13	179	295	64	13	10	561	40	2	42	1	124	125
14	395	490	52	14	16	967	31	6	37	105	457	562
15	411	384	44	22	32	893	121	3	124	29	199	228
16	227	454	41	13	9	744	20	4	24	38	144	182
17	200	586	65	24	28	903	40	8	48	15	213	228
Total-Administrative county	4,274	7,145	912	376	421	13,128	1,329	405	1,734	582	5,674	6,256

The table inserted below shows the numbers of children immunised during the whole of 1948, together with those so protected during each of the previous three years:—

Year	No. who completed a full course of primary immunisation during year at ages—			No. of reinforcement injections given (i.e., subsequent to complete course)
	0—	5-14 incl.	Total under 15 years	
1945	21,134	8,235	29,369	*
1946	21,684	7,078	28,762	20,824
1947	22,909	4,486	27,395	16,277
1948	26,315	3,801	30,116	17,755

\* Not available

It will be noted from the above that, whilst there has been an improvement in the numbers of pre-school children who received a first course of immunisation, there has been a considerable falling-off in the number of those of school age. This is a trend which can be regarded as satisfactory inasmuch as it is better to ensure that primary immunisation is undertaken in pre-school years, rather than when the child has commenced its school life, and thereafter to continue the protection given by administering reinforcement injections at the age of five years, and again on attaining its ninth birthday.

Furthermore, as will be seen from Table 16 on page 182, the percentage of the school child population who enjoy protective immunity is relatively high, this being no doubt due in the main to the movement into that group of immunised children from the pre-school age group.

It is of interest to compare the figures given in the foregoing table with those relative to the last pre-war year. In 1938 only 1,932 pre-school children were immunised whilst 9,355 school children were given protection—a total of 11,287 children under 15 years of age.



The number of general practitioners who, at the 31st December, 1948, were taking part in the arrangements for immunisation under the County Council's scheme under section 26 of the National Health Service Act, 1946, was 759. Of these, 475 were supplied through Divisional Medical Officers with the necessary prophylactics, whilst 98 obtained prophylactics themselves by individual prescription through chemists (i.e., under Part IV of the National Health Service Act).

Post-Schlick testing is not nearly so often employed now as it was at the beginning of the last decade. Throughout the year only five such tests were made, four of these being undertaken prior to the County Council assuming responsibility for immunisation.

An examination of the reports of Divisional Medical Officers on progress made with regard to immunisation against diphtheria during the period 5th July to 31st December, 1948, reveals that there was no significant change resulting from the transfer of responsibility, and this is borne out by the figures, on page 53, of immunisations performed both during that period and during the whole year. Generally speaking, the services existing prior to the 5th July, 1948, were maintained and, wherever possible, improved or extended. The opinion is expressed in one or two instances, however, that work has been impeded by the absence of an agreed scale of payment to be made to medical practitioners in respect of immunisations performed in the course of their private practice.

The following table analyses by age groups the number of immunisations performed during the period 5th July, 1948, to 31st December, 1948, as to those undertaken at (a) special clinics, either by general practitioners or the County Council's own Medical Officers, and (b) by general practitioners in the course of their private practice:—

Health Division No.	At special clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0—		5—		Total under 15 years		0—		5—		Total under 15 years		0—		5—		Total under 15 years		0—		5—		Total under 15 years	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	227	6	143	423	370	429	—	—	—	—	—	—	48	1	5	3	53	4	275	7	148	426	423	433
2	558	34	51	402	609	436	—	—	—	—	—	—	191	8	23	49	214	57	749	42	74	451	823	493
3	346	2	146	248	492	250	—	—	—	—	—	—	242	2	20	75	262	77	588	4	166	323	754	327
4	426	10	118	120	544	130	—	—	106	—	106	—	323	—	—	47	323	47	749	10	224	167	973	177
5	400	120	5	42	405	162	11	—	2	—	13	—	154	—	16	23	170	23	565	120	23	65	588	185
6	454	9	55	200	509	209	—	—	—	—	—	—	166	3	26	12	192	15	620	12	81	212	701	224
7	299	—	36	110	335	110	556	8	145	530	701	538	273	3	35	34	308	37	1128	13	216	672	1344	685
8	485	15	44	94	529	109	155	—	59	12	214	12	68	2	8	1	76	3	708	17	111	107	819	124
9	936	47	116	795	1052	842	239	—	—	—	239	—	60	—	29	4	89	4	1235	47	145	799	1380	846
10	216	3	10	78	226	81	128	3	8	106	136	109	118	1	35	54	153	55	462	7	53	238	515	245
11	776	20	45	120	821	140	166	8	5	27	171	35	100	1	—	5	100	6	1042	29	50	152	1092	181
12	71	—	20	66	91	66	724	84	110	790	834	874	144	2	38	69	182	71	939	86	168	925	1107	1011
13	407	1	34	88	441	89	99	—	5	22	104	22	55	—	3	14	58	14	561	1	42	124	603	125
14	863	100	27	439	890	539	—	—	—	—	—	—	104	5	10	18	114	23	967	105	37	457	1004	562
15	565	29	117	144	682	173	269	—	5	49	274	49	59	—	2	6	61	6	893	29	124	199	1017	228
16	375	30	13	33	388	63	288	5	4	94	292	99	81	3	7	17	88	20	744	38	24	144	768	182
17	609	11	31	150	640	161	118	1	6	27	124	28	176	3	11	36	187	39	903	15	48	213	951	228
Total—Administrative County	8013	437	1011	3552	9024	3989	2753	109	455	1657	3208	1766	2362	34	268	467	2630	501	13128	582	1734	5674	14862	6256

P=Primary immunisation (complete course). R=Reinforcement injection subsequent to complete course.

The type of prophylactic used was, of course, a matter for the discretion of the individual medical practitioner. In almost every case, however, it was A.P.T. (alum precipitated toxoid) or T.A.F. (toxoid-antitoxin floccules), the former being used mainly for the lower age groups, the upper limit of which was variously defined by Divisional Medical Officers as from 5 to 10 years of age, and the latter mainly for the higher age groups. The availability, or use on a limited scale, of combined diphtheria and whooping cough prophylactic was reported in four Health Divisions.

It will be seen from the above table that, of a total of 14,862 primary immunisations, 2,630 or 17·7 per cent. were performed by general practitioners in the course of private practice, the remainder being carried out at special clinics. A reference to the table on page 51 will show that this is a reversal of the situation applying to vaccination where only 18·5 per cent. of the total vaccinations were performed at clinics, the remainder being effected by general practitioners in the course of private practice. Many sessions at the special immunisation clinics were conducted by private practitioners but the majority of the 12,232 primary immunisations performed at the clinics, i.e., 9,024 or 73·8 per cent., were carried out by Divisional Medical staffs. Of an over-all total of 14,862 primary immunisations effected during the period, therefore, 60·7 per cent. were performed by Divisional Medical staffs. The 6,256 reinforcement injections were performed in the following proportions—63·8 per cent. by Divisional Medical staffs, 28·2 per cent. by general practitioners at special clinics and 8·0 per cent. by general practitioners in the course of private practice.

Arrangements have been made whereby children resident in Children's Homes, Part III Accommodation and Day Nurseries can be immunised against diphtheria and, during the period 5th July to 31st December, 1948, 318 such children received primary immunisation and 33 reinforcement injections were given. Of the former, 157 were children in the 0·4 years age-group, the remaining 161 being in the 5·14 years age-group. Eight of the 33 children receiving reinforcement injections were under 5 years of age and the remainder between the ages of 5 and 14.



**Propaganda.**—Methods of publicising the arrangements for, and the value of, immunisation against diphtheria follow roughly the same pattern in all Health Divisions. It is the duty of health visitors to advise parents in this matter during the early months of the child's life and to secure, if possible, consent for the immunisation of the child. To supplement this valuable personal propaganda, many divisions send letters or first birthday cards reminding parents of the importance of immunisation at this stage. At Child Welfare Centres further personal advice is given by the medical and nursing staffs. At the commencement of school-life, a further attempt is made to secure the protection of non-immunised children, and throughout school-life the reinforcement of the protection of those immunised in infancy is arranged at intervals. During the period under review, the personal approach by health officers was reinforced in practically every Health Division by the distribution of leaflets and display of posters and, in several divisions, by cinema slides, film shows, newspaper announcements and talks to Women's Guilds and similar bodies.

**Immunisation State of Child Population.**—Table 16, page 182, shows the immunisation state of the child population by age groups as at the 31st December, 1948, in each Health Division and the Administrative County as a whole. For comparative purposes, the figures for the County for the three preceding years are also given.

It will be seen from the table that, by the end of 1948, of the children under 15 years of age, 62·2 per cent. enjoyed protective immunity—3·6 per cent. fewer than in the preceding year. This reduction was, however, attributable to the decrease from 77·1 to 71·0 in the percentage applicable to those of school age. A more pleasing feature is the increase—though slight—in the proportion of children of pre-school age who had been immunised. The figure of 48·4 per cent., however, falls far below the desired minimum and serves to stress the need for a much greater effort directed towards the immunisation of the under-fives if the protection afforded by immunisation is to be thoroughly effective.

**Diphtheria notifications and deaths in relation to immunisation.**—Turning to a study of the incidence of, and mortality from, diphtheria in relation to the immunisation measures which have been taken over the last few years, it is evident, as will be seen from the statement below, that the reduction in the number of both cases and deaths of all ages has been really remarkable. It will be seen that year by year there has been a decline which, as a result of efforts made in previous years, has been extremely marked of late.

Year	No. of cases	No. of deaths	Case fatality rate per cent.
1938	4,571	208	4·5
1939	3,297	157	4·7
1940	2,772	137	4·9
1941	3,354	183	5·4
1942	2,169	105	4·8
1943	1,760	69	3·9
1944	1,450	68	4·6
1945	1,137	52	4·5
1946	654	25	3·8
1947	327	12	3·6
1948	202	11	5·4

In noting the remarkable fall in the number of both cases and deaths, it will at the same time be seen that the case fatality rate has shown little significant variation.

The best evidence of the effect of immunisation is, of course, provided by a comparison of the behaviour of diphtheria amongst those immunised and those not so protected.

Table 17, page 183, shows by age groups the number of notifications of, and deaths from, diphtheria amongst children under 15 years of age in relation to immunisation during the year ended 31st December, 1948, in respect of each Health Division and the Administrative County as a whole.

By reference to this table it will be seen that of the 155 children under 15 years of age who contracted diphtheria, only 60 had been immunised. Cases amongst immunised children are, however, of a much milder character than those amongst the non-immunised, and this is evidenced by the fact that no death from diphtheria occurred amongst the cases where the child had been immunised, whereas 11 of the non-immunised children died.

It will, however, be noted that of the 155 children who contracted diphtheria, 117 or 75 per cent. were of children of school age, and although of these latter 53 were recorded as having had a full course of immunisation, it is highly probable that in some instances such immunity was given in infancy and in the absence of reinforcement injections had become ineffective. This would, therefore, appear to emphasise the need for reinforcement injections to be given on entry to school and again during school life if the incidence of diphtheria in the older age groups is to be kept down to a minimum.

**INCIDENCE OF, AND MORTALITY FROM, DIPHTHERIA AMONGST THE CHILD POPULATION.**—A study of table 18, page 184, will show the variations between the notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1948 and the preceding three years, together with the corresponding attack and case fatality rates in respect of those immunised and those not so protected.

Notable features of the statistics quoted are (a) the reduction in the total number of cases of diphtheria from 805 in 1945 to 155 in 1948, and similarly in the number of deaths from 41 to 11, (b) the difference in the attack rates between the immunised and non-immunised and (c) the absence of deaths in the protected group, together with the heavy case fatality rates among the non-protected.



## AMBULANCE SERVICE

**General Observations.**—APPOINTED DAY.—In accordance with the National Health Service Act (Appointed Day) Order, 1948, the transfer to the County Council of the responsibility for the provision of an ambulance service in accordance with the requirements of section 27 of the National Health Service Act, 1946, became effective from the 5th July, 1948.

Having regard to the introduction of Divisional Health Administration and the difficulties in co-ordinating the widely varied arrangements which existed in the County area at that time, the deficiencies in staff, vehicles and premises in relation to the standards adopted by the Health Committee and the need to ensure an uninterrupted continuity of service, the administrative transfer from the County District Councils and other bodies providing the service at the 5th July, 1948, was unavoidably deferred and the existing arrangements continued on an agency basis. In this connection sincere appreciation of the willingness and co-operation of County District Councils and other Authorities concerned in the agency service must be recorded. In a few instances such agencies were terminated before the end of the year, and the general transfer to County Council administration was effected on the 1st February, 1949.

EXISTING AMBULANCE SERVICE AT 5TH JULY, 1948.—At the "appointed day" the Administrative County area was provided with an ambulance service of a most varied character; 52 of the 109 County districts had provided their own service; 16 hospitals and institutions were operating ambulances; voluntary organisations such as the St. John Ambulance Brigade, Nursing Associations, etc., rendered the service in six areas; 23 private firms had their own ambulances and the remainder of the County area was dependent upon County Borough services, colliery ambulances or the hiring of vehicles from garage proprietors. The ambulance service for infectious diseases was undertaken from the Infectious Diseases Hospitals, with which the County District Councils had user arrangements; otherwise the service, provided mainly for emergency purposes only, was restricted by boundary considerations, differential user arrangements and was either free of cost or available at varied charges. Standards of efficiency fluctuated between extremes, and the over-riding consideration in the main was of economy rather than the efficiency of service. Detailed information with regard to existing accommodation, vehicles and staff is given later in the report.

AMENDED PROPOSALS.—Consequent upon a very elose review of the proposals (as published in the Report for 1947), it was found necessary to effect changes in the contemplated staff establishment, in the siting of the ambulance stations, and the vehiele strength. These amendments are embodied in the details of the County Ambulance Service given below:—

## HEALTH DIVISION No. 1

[illegible]

## HEALTH DIVISION No. 2

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Quarry Road, Lancaster ..... Tel.: Lancaster 561	3	1	18	Lancaster (B.) ..... Lancaster (R.) (part)— (Priest Hutton; Ashton-with-Stodday; Scotforth; Thurnham; Ellet; Cockerham; Over Wyresdale) Lunesdale (R.) .....	50,250  3,707 6,749 <u>60,706</u>
2	Fire Station, Morecambe ..... Tel.: Morecambe 676	3	1	18	Morecambe & Heysham (B.) ..... Carnforth ..... Lancaster (R.) (part)— (Silverdale; Yealand Redmayne; Yealand Conyers; Warton; Bolton-le-Sands; Slynno-with-Host; Middleton; Heaton-with-Oxcliffe; Overton) .....	36,770 3,381   7,303 <u>47,454</u>

## HEALTH DIVISION No. 3

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Copse Road, Fleetwood ..... Tel.: Fleetwood 8291	3	1	17	Fleetwood (B.).....	<u>27,160</u>
2	Council Yard, Thornton Cleveleys..... Tel.: Thornton 2126	2	1	16	Thornton Cleveleys ..... Poulton-le-Fylde ..... Preesall ..... Fylde (R.) (part)— (Hardhorn-with-Newton; Singleton; Larbreck; Elswick; Greenhalgh (part)) ..... Garstang (R.) (part)— (Stalmine, Hambleton; Out Rawcliffe) .....	15,790 7,630 2,207  2,641  1,982 <u>30,250</u>
3	Old Boathouse, Eastbank Road, St. Annes-on-Sea Tel.: St. Annes 2097	2	2	16	Lytham St. Annes (B.) ..... Fylde (R.) (part)— (Westby-with-Plumpton (part)) .....	30,310 432 <u>30,742</u>
4	Fire Station, Wesham, Kirkham ..... Tel.: Kirkham 2238	1	1	13	Kirkham ..... Fylde (R.) (part)— (Weeton-with-Preese; Westby-with-Plumpton (part); Ribby-with-Wrea; Bryning-with-Warton; Greenhalgh (part); Medlar-with-Wesham; Freckleton; Treales; Newton-with-Clifton) .....	4,704   9,437 <u>14,141</u>



## HEALTH DIVISION No. 4

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Fire Station, Garstang Tel.: Garstang 239	1	1	13	Garstang (R.) (part)— (Garstang; Pilling; Upper Rawcliffe; Great Eccleston; Inskip-with-Sowerby; Winmarleigh; Nateby; Kirkland; Cattorall; Myerscough (part); Forton; Cabus; Nether Wyresdale; Bleasdale; Barnacre-with-Bonds; Claughton; Bilsborough)	10,375
2	Fulwood (New station, not in operation)	2	1	7	Fulwood Longridge Preston (R.) (part)— (Lea; Woodplumpton; Broughton; Barton; Goosnargh; Whittingham; Haighton; Grimsargh; Hothersall; Ribchester; Dutton) Garstang (R.) (part)— (Myerscough (part))	12,680 3,970 15,787 313 32,750
3	Fire Station, Leyland Tel.: Preston 81188	2	1	11	Leyland Preston (R.) (part)— (Farington) Chorley (R.) (part)— (Ulmes Walton; Croston)	14,490 3,649 2,012 20,151
4	Pall Mall, Chorley Tel.: Chorley 2744	3	2	20	Chorley (B.) Chorley (R.) (part)— (Euxton; Eccleston; Charnock Richard; Mawdesley; Heskin; Coppull; Heath Charnock; Anglezarke; Heapey; Wheelton; Whittle-le-Woods; Clayton-le-Woods; Brindle (part); Anderton; Rivington) Withnell Adlington	32,590 22,989 2,840 4,000 62,419
5	Fire Station, Bamber Bridge Tel.: Preston 85289	2	1	11	Walton-le-Dale Chorley (R.) (part)— (Cuerden; Hoghton; Brindle (part)) Preston (R.) (part)— (Cuerdale; Samlesbury (part))	14,730 1,328 897 16,955
6	Fire Station, Penwortham Tel.: Preston 83532	1	1	14	Preston (R.) (part)— (Penwortham; Hutton; Longton; Little Hoole; Much Hoole) Chorley (R.) (part)— (Bretherton)	17,126 611 17,737

## HEALTH DIVISION No. 5

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Darwen (New Station, not in operation)	2	1	—	Darwen (B.) Blackburn (R.) (part)— (Toekholes; Yate and Pickup Bank; Eccleshill)	30,850 1,066 <u>31,916</u>
2	Fire Station, Accrington Tel.: Accrington 39480	3	2	20	Accrington (B.) Church Clayton-le-Moors Oswaltdtwistle Burnley (R.) (part)— (Altham)	40,180 5,198 6,698 12,150 753 <u>64,979</u>
3	Fire Station, Great Harwood Tel.: Gt. Harwood 3294	2	1	16	Great Harwood Rishton Clitheroe (R.) (part)— (Whalley; Wiswell) Blackburn (R.) (part)— (Billington)	10,810 5,644 4,517 3,504 <u>24,475</u>
4	Fire Station, Clitheroe (New station, not in operation)	2	1	—	Clitheroe (B.) Clitheroe (R.) (part)— (Aighton, Bailey and Chaigley; Mitton; Pendleton; Mearley; Worston; Downham; Twiston; Chatburn; Chipping; Bowland-with-Leagram; Thornley-with-Wheatley)	11,890 4,043 <u>15,933</u>
	Blackburn (Service provided by County Borough Council)	—	—	—	Blackburn (R.) (part)— (Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley) Preston (R.) (part)— (Samlesbury (part))	8,130 370 <u>8,500</u>

## HEALTH DIVISION No. 6

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Mill Street, Nelson Tel.: Nelson 1225	3	2	20	Nelson (B.) Brierfield Barrowford Burnley (R.) (part)— (Briorcliffe; Blacko; Roughlee Booth; Barley-with-Wheatley Booth; Goldshaw Booth; Old Laund Booth; Reedley Hallows)	34,530 6,900 4,500 5,171 <u>51,101</u>
2	Ambulance Hall, Colne Tel.: Colne 495	1	1	9	Colne (B.) Trawden Burnley (R.) (part)— (Foulridge)	20,840 2,020 1,283 <u>24,143</u>



HEALTH DIVISION NO. 6—*continued*

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
3	Ambulance Hall, Padiham ..... Tel.: Padiham 222	1	1	9	Padiham ..... Burnley (R.) (part)— (Higham; Ightenhill; Northtown; Read; Sabden; Simonstone; Hapton) .....	10,040  5,128 <u>15,168</u>
	Burnley..... (Service provided by County Borough Council)	—	—	—	Burnley (R.) (part)— (Worsthorne; Cliviger; Habergham Eaves; Dunnoekshaw) .....	   4,005 <u>      </u>

## HEALTH DIVISION NO. 7

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	"Fernlea", Waterloo, Crosby ..... Tel.: Waterloo 3252	4	2	21	Crosby (B.) ..... Litherland .....	59,060 22,120
					West Lancashire (R.) (part)— (Ince Blundell; Sefton (part); Thornton; Ford) .....	3,287 <u>84,467</u>
2	County Hospital, Ormskirk ..... Tel.: Ormskirk 118	3	1	18	Ormskirk ..... Skelmersdale .....	20,030 6,095
					West Lancashire (R.) (part)— (Bispham; Bickerstaffe; Simonswood; Aughton; Lydiate; Altcar; Downholland; Halsall; Searisbrick; Rufford) .....	15,593 <u>41,718</u>
3	Fire Station, Formby ..... Tel.: Formby 127	1	—	9	Formby.....	9,576 <u>      </u>
4	Tarleton ..... (Agency Service)	1	—	—	West Lancashire (R.) (part)— Tarleton; Hesketh-with- Becconsall; North Meols) .....	7,950 <u>      </u>
	Merseyside Hospitals Council, Liverpool	—	—	—	The whole of Health Division No. 7	

## HEALTH DIVISION NO. 8

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Cross Street, Hindley ..... Tel.: Wigan 5333	3	2	19	Hindley..... Abram (part) ..... Ince-in-Makerfield ..... Westhoughton (part) .....	19,320 4,251 20,380 3,060 <u>47,011</u>

HEALTH DIVISION No. 8—*continued*

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
2	Council Avenue, Bryn Street, Ashton-in-Makerfield Tel.: Ashton-in-Makerfield 7470	1	1	13	Ashton-in-Makerfield .....	18,990
	Wigan .....	—	—	—	Orrell .....	8,773
	(Service provided by County Borough Council)				Aspull .....	6,474
					Standish-with-Langtree .....	8,932
					Upholland .....	6,123
					Billinge & Winstanley .....	5,886
					Wigan (R.) .....	7,914
						<u>44,102</u>

## HEALTH DIVISION No. 9

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Welfare Centre, Mill Brew, Widnes ..... Tel.: Widnes 2121	4	3	22	Widnes (B.) .....	47,440
					Whiston (R.) (part)— (Hale; Halewood) .....	3,584
					Warrington (R.) (part)— (Cuerdley) .....	104
						<u>51,128</u>
2	Kirkby .....	1	1	—	West Lancashire (R.) (part)— (Maghull; Melling; Aintree; .....	17,180
	(New station, not in operation)				Netherton; Sefton (part)) .....	2,086
					Whiston (R.) (part)— (Kirkby) .....	<u>19,266</u>
3	County Hospital, Whiston .....	4	2	27	Huyton-with-Roby .....	53,330
	Tel.: Prescott 6930				Prescot .....	12,290
					Rainford .....	3,898
					Whiston (R.) (part)— (Knowsley; Eccleston; Whiston; Tarbock; Cropton; Rainhill; Bold; Windle) .....	32,690
						<u>102,208</u>
	Merseyside Hospitals Council, Liverpool	—	—	—	The whole of Health Division No. 9	



## HEALTH DIVISION No. 10

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Fire Station, Newton-le-Willows ..... Tel.: Newton-le-Willows 3134	3	2	15	Newton-le-Willows ..... Golborne (part) ..... Haydock ..... Warrington (R.) (part)— (Burtonwood (part); Winwick (part)) .....	21,410 12,721 11,880  3,746 <u>49,757</u>
	Warrington ..... (Service provided by County Borough Council)	—	—	—	Warrington (R.) (part)— (Penketh; Great Sankey; Burtonwood (part); Winwick (part); Croft; Poulton-with-Fernhead; Woolston; Rixton-with-Glazebrook) .....	      23,228 <u>23,228</u>

## HEALTH DIVISION No. 11

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Firs Maternity Home, Leigh ..... Tel.: Leigh 939	3	2	21	Leigh (B.) ..... Tyldesley (part)— (Astley) ..... Golborne (part)— (Lowton) ..... Abram (part)— (Plank Lane) .....	48,220  3,541 3,419  1,706 <u>56,886</u>
					Atherton ..... Tyldesley (part) ..... Westhoughton (part) .....	20,700 14,519 11,880 <u>47,099</u>
3	Fire Station, Farnworth ..... Tel.: Farnworth 114	3	1	17	Farnworth (B.) ..... Kearsley ..... Little Lever ..... Worsley (part)— (Little Hulton; Walkden) .....	28,350 10,450 4,762  5,304 <u>48,866</u>
					Horwich ..... Blackrod .....	15,370 3,094 <u>18,464</u>
4	Fire Station, Horwich ..... Tel.: Horwich 5	2	1	11	Turton .....	10,930 <u>10,930</u>
	Bolton ..... (Service provided by County Borough Council)	—	—	—		

## HEALTH DIVISION No. 12

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Town's Yard, Fairfax Road, Prestwich Tel.: Prestwich 2007	3	1	17	Prestwich (B.) ..... Whitefield.....	34,760 13,030 <u>47,790</u>
2	Close House, Close Park, Radcliffe ..... Tel.: Radcliffe 2614	3	1	19	Radcliffe (B.) .....	<u>27,700</u>
3	Fire Station, Rawtenstall ..... Tel.: Rossendale 45	4	2	21	Rawtenstall (B.) ..... Haslingden (B.) .....	25,140 14,540 <u>39,680</u>
4	Fire Station, Ramsbottom ..... Tel.: Ramsbottom 3323	2	1	11	Ramsbottom .....	<u>14,390</u>
	Bury ..... (Service provided by County Borough Council)	—	—	—	Tottington .....	<u>6,080</u>

## HEALTH DIVISION No. 13

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Forge Street, Bacup ..... Tel.: Bacup 428	2	1	15	Bacup (B.) ..... Whitworth .....	18,320 7,469 <u>25,789</u>
2	Fire Station, Heywood ..... Tel.: Heywood 6775	2	1	17	Heywood (B.) .....	<u>24,940</u>
3	Fire Station, Littleborough ..... Tel.: Littleborough 8448	2	1	11	Littleborough ..... Wardle ..... Milnrow .....	10,800 4,201 8,418 <u>23,419</u>

## HEALTH DIVISION No. 14

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Fire Station, Middleton ..... Tel.: Middleton 2802	2	1	16	Middleton (B.) .....	<u>32,190</u>
	Oldham ..... (Service provided by County Borough Council)	—	—	—	Lees ..... Crompton ..... Royton ..... Chadderton ..... Failsworth ..... Limehurst (R.) (part)— (Alt; Bardsley; Woodhouses).....	4,218 12,620 14,840 31,270 18,040 3,260 <u>84,248</u>



## HEALTH DIVISION No. 15

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Fire Station, Eccles Tel.: Eccles 2666 "      3050	3	1	19	Eccles (B.) ..... Worsley (part) .....	43,870 21,506 <u>65,376</u>
2	Fire Station, Irlam Tel.: Irlam 2576	1	1	9	Irlam .....	<u>15,020</u>
3	Fire Station, Swinton Tel.: Swinton 1169	2	3	13	Swinton & Pendlebury (B.) .....	<u>41,230</u>

## HEALTH DIVISION No. 16

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Smithfield House, Church Road, Urmston Tel.: Urmston 4422	4	2	21	Urmston .....	<u>38,560</u>
2	Ambulance Station, Talbot Road, Stretford Tel.: Trafford Park 1149	4	2	21	Stretford (B.) .....	<u>61,400</u>

## HEALTH DIVISION No. 17

Ambulance Station No.	Location of Station	No. of Vehicles		No. of Whole-time Staff	Area of Service	Estimated Population, 1948
		Ambulances	Cars			
1	Ambulance Station, Lord Street, Ashton-under-Lyne Tel.: Ashton-under-Lyne 2297	4	2	28	Ashton-under-Lyne (B.)..... Audenshaw ..... Denton ..... Droylsden ..... Limehurst (R.) (part)— (Littlemoss; Waterloo) .....	46,270 12,650 25,380 27,290 4,430 <u>116,020</u>
2	Scout Depot, Manchester Road, Mossley Tel.: Mossley 250 (day) Ashton-under-Lyne 2297 (night)	2	—	4	Mossley (B.) .....	<u>10,430</u>

## Station No. 1.

Special provision of sub-stations at Denton and Droylsden.

ADMINISTRATIVE POLICY.—Whilst the County Council Scheme of Divisional Health Administration provides for Divisional Health Committees to be responsible for the day-to-day management of the ambulance service, the instructions of the Health Committee on the functions, powers and duties of Divisional Committees provide that the determination and direction of policy shall remain with the Health Committee. In respect of the Ambulance Service this decision involves the central control of—

(a) *The Administrative Organisation* necessary to secure the most efficient service and includes all reciprocal arrangements with other ambulance authorities, agency services, National Coal Board, St. John Ambulance Brigade, etc., together with all long-distance transport arrangements and the system of service records.

(b) *Staff Establishments* to ensure that the service is immediately available, day and night, and that each ambulance when in operation is manned by a driver and an attendant, together with all matters affecting rates of pay and conditions of service.

(c) *Stations*.—The location of ambulance stations, the arrangements for their acquisition, adaptation and occupation, and their areas of service.

(d) *Communications*.—The determination of all systems of communications and agreements for installation of telephones.

(e) *Vehicles*.—The number, type and equipment of vehicles, their allocation to stations and the principles governing their use, fuelling, maintenance and repair.

On the above matters detailed instructions are issued from the central office to the Health Divisions.

The Divisional Health Committees are concerned in the implementation of policy, the appointment of staff and the local supervision of the day-to-day management of the service.

**OPERATION**.—The Ambulance Scheme has been so devised that the operational range from each station does not exceed six miles in urban localities, although it is necessarily greater in rural areas. The vehicle establishment is assessed on the particular needs of each station, having in mind such factors as population, accident risk due to industry or arterial roads, the location of hospitals within the area, etc., and the number and type of vehicle authorised is such, subject always to a constant review of changing circumstances, as to meet the normal demands on the station. Exceptional conditions are provided for by a system of mutual aid. Within each Health Division a station has been selected as the Divisional Ambulance Station responsible for the arrangements for mutual aid between the stations within the Division or, if necessary, for requesting or supplying assistance to adjoining Divisions or as between the County service and that of an adjacent Local Health Authority.

This principle applies in respect of localised service only, both for urgent and non-urgent cases, and has been found to work very satisfactorily.

Section 27 of the Act, however, also imposes the obligation on the Local Health Authority to remove cases to places outside their area, a requirement which frequently necessitates the absence of an ambulance from its station for many hours, or even days. In order to ensure that stations are not denuded of ambulances for lengthy periods it was considered that a station, with specially constructed vehicles, should be set up to deal with all long-distance cases to be controlled from the central office. A long-distance case is regarded as one which would necessitate the absence of an ambulance vehicle from a station for a period of over five hours.

**Vehicles**.—VEHICLES IN SERVICE PRIOR TO 5TH JULY, 1948.—As a preliminary to the formulation of proposals by the County Council in connection with the provision under the National Health Service Act, 1946, of an ambulance service for the Administrative County, an investigation was made during the latter part of the year 1947 into the existing ambulance facilities in or available to the 109 County Districts.

During the early part of 1948 there was little change in these facilities and the following table shows the number of vehicles in service in the Administrative County immediately before the “appointed day”, classified against the various authorities by whom ambulance services were provided:—

Local Authority or organisation providing ambulance service	No. of vehicles provided	
	Ambulances	Cars
County district councils .....	104	5
Hospital services .....	22	2
Voluntary organisations .....	9	—
Private hire firms and industrial undertakings .....	30	18
TOTAL .....	165	25

Under the provisions of the National Health Service (Transfer of Local Authority Functions) Regulations, 1948, all vehicles which were owned by local authorities within the Administrative County and used solely for ambulance purposes became automatically transferable to the County Council with effect from the 5th July, 1948, and, of the total of 109 vehicles operated by County district councils, 99 ambulances and five cars came under the control of the County Ambulance Service. At the same time negotiations were entered into with the newly established Hospital Management Committees for the release of ambulances stationed at hospitals within the Administrative County; the majority of these have now been transferred to the County Council. The vehicles belonging to the St. John Ambulance Association and other voluntary organisations, together with those of certain private hire firms, were placed at the disposal of the County Council and have been operated from the “appointed day” under agency arrangements.



The vehicles which were already in service and transferred to the County Council on the 5th July, 1948, comprise a variety of makes and are largely of pre-war manufacture, their ages varying up to 20 or more years. Several are ex-civil defence ambulances and of a design totally unsuited to present-day requirements, and many others have long exceeded their useful life. A survey carried out early in 1948 confirmed that a large number of machines were in need of immediate replacement, that many could not reasonably be expected to run for more than twelve months, and that those vehicles capable of long-term service would require some degree of re-conditioning. It therefore became evident that immediate and adequate provision would require to be made by the County Council in order to ensure continuance of those services which were already in existence, quite apart from the question of dealing with any increase in calls which might result from the implementation of the National Health Service Act.

The following table analyses, according to their age in years, the 126 vehicles which were under the control of district councils and hospital authorities in the Administrative County and in service immediately before the 5th July, 1948; it may be noted that 74 of these, or 58·7 per cent., were at that time more than 10 years of age:—

Age of vehicles in years					Total
0—	6—	11—	16—	21 and over	
22	30	53	18	3	126

**NEW VEHICLES PROVIDED BY THE COUNTY COUNCIL.**—Having in mind the necessity of the early replacement of a substantial proportion of the vehicles already in service, negotiations had been entered into with the motor trade during 1947 for the supply of ambulances to a specification which had been adopted as a standard by the Health Committee. At the same time enquiries were pursued with the object of obtaining delivery of cars of a type suitable for the conveyance of non-recumbent cases. A total of forty ambulances and thirty sitting case cars were ordered for delivery during the financial year 1948/49 and the first three vehicles were brought into service on the 3rd July, 1948. At the 31st December, seven new ambulances and twenty-two sitting case cars had been received. The main features of these vehicles are given below.

*Ambulances.*—Having regard to the fact that most vehicles would be required to operate in built-up areas and with a restricted area of service, it was decided to adopt, as a standard, a relatively low-powered type of vehicle, subject to special provision being made for certain rural or hilly areas of the Administrative County. The following summary illustrates the salient features of the specification:—

*Chassis.*—Commer/Karrier 13·95 h.p. 25 cwt. chassis with full forward control to accommodate the positioning of the stretcher within the 10 ft. wheelbase. Modified springing to give maximum comfort when riding over rough roads and minimum roll on corners, with loads varying from two to nine persons.

*Body.*—Coach built throughout, interior lined with cream perspex to facilitate cleaning, disinfection, etc. Approximate internal dimensions:—

Length	.....	.....	10 ft. 0 in.
Width	.....	.....	5 ft. 8 in.
Height	.....	.....	6 ft. 0 in.

“Hereulite” light alloy stretcher gear, fitted with Wilsdon’s fixed stretcher with adjustable headrest, on the near side; passenger seat with accommodation for six patients on the off-side; the back squab hinged to allow an emergency stretcher to be carried on the top. Flush fitting cabinets provided in bulkhead. Automatic air conditioning combined with thermostatically controlled Clayton heater. Two Purdah glass half-drop windows on each side and two in rear doors.

Exterior finished in cream and maroon incorporating the Lancashire County Council crest and necessary lettering.

*Sitting case cars.*—Anticipating a substantial increase after the “appointed day” in the number of non-urgent cases requiring transport, the proposals of the County Council included provision at each ambulance station for a motor car for the conveyance of non-stretcher cases. This provision has been amply justified, and mileage statistics prove that sitting case cars are in even more constant demand than ambulances.

The type of vehicle selected for this purpose is the Hillman 10 h.p. estate car which contains seating accommodation for three patients with additional space at the rear suitable for the transport of a semi-recumbent case.

In accordance with the policy adopted by the County Council, all new vehicles will be of the types described above with the exception of certain ambulances to be built to a specification particularly adapted for special purposes such as long-distance journeys or for operation in areas of the Administrative County requiring special consideration.

**SERVICING AND MAINTENANCE.**—The arrangements for the servicing and maintenance of ambulances in force before the 5th July were varied in character. In the case of several larger local authorities, ambulances were serviced in workshops provided by the Council for the whole of the Council's vehicles; other authorities had arrangements with local garage proprietors who in some instances were also responsible for manning the ambulance; in other cases maintenance work was the responsibility of the ambulance driver who quite frequently was a part-time employee.

It may be noted that the generally poor condition of a substantial proportion of the vehicles transferred to the County Council was, quite apart from their age, very largely due to a lack of regular and efficient servicing.

The maintenance scheme adopted by the County Council is carried out in two parts, each being complementary to the other—

(a) *Servicing undertaken at ambulance stations.*—Whilst several ambulance stations include amongst the driving staff a competent mechanic, the conditions of appointment agreed upon by the County Council for ambulance personnel do not require any special qualification in regard to maintenance or repair of vehicles. It was accordingly resolved as a matter of policy that the servicing to be effected at stations should be of a relatively simple nature. In addition to cleaning, station personnel are required to undertake (i) a daily inspection, consisting of a general check of the vehicle and functional tests of equipment, etc., (ii) weekly servicing, comprising lubrication, topping-up batteries, checking tyre pressures, etc. Careful servicing carried out systematically on these lines is an integral factor in the effectiveness of the main servicing scheme outlined below.

(b) *Servicing carried out at the central depot.*—The underlying principle of the servicing scheme adopted by the County Council is the prevention or at least the minimising of the possibility of breakdowns in service by subjecting each vehicle to a periodical and carefully planned series of maintenance operations.

A comprehensive schedule of service operations to be carried out at intervals of 4,000 miles provides, together with the work performed at ambulance stations, for the full extent of maintenance which is normally required during the life of a vehicle. The work is undertaken by service agents under contract arrangement with the County Council, and each machine is withdrawn from service approximately four times a year, a replacement vehicle being provided from a central pool whilst the machine is undergoing overhaul. A detailed report on each vehicle withdrawn is prepared by the service agents which, in addition to providing a progressive technical history of each machine, also affords an effective means of supervising the efficiency of servicing performed at ambulance stations. Experience gained since the inception of this scheme has confirmed that by means of regular inspection, adjustment and minor repairs, it is possible in many instances to forestall the development of defects which would ordinarily culminate in a mechanical breakdown.

**COUNTY-OWNED HEALTH SERVICES CARS.**—The vehicles falling within this category are, with certain minor exceptions, used exclusively by district nurses and district nurse-midwives, and consist mainly of private cars which were originally provided by District Nursing Associations. These cars were placed at the disposal of the County Council as from the 5th July, 1948, pending the completion of negotiations for their purchase, and in the meantime the cars were maintained by the respective District Nursing Associations on behalf of the County Council. Further reference to the transfer of these vehicles, together with other property purchased by the County Council from the local Associations, is made on page 50.

The cars are mainly of 8 or 10 h.p. saloon type and, though the greater proportion are of post-war manufacture, many show signs of neglect. Some of the older models were found, on mechanical examination, to be unworthy of purchase, and in these cases new or second-hand cars have been obtained by the County Council for the nurses concerned. There is every indication that several of the cars taken over will require replacement in the near future, and an approach has been made to manufacturers with a view to the purchase of further cars to replace those worn out.

At the 31st December, 1948, 84 cars were in use on the Home Nursing Service, excluding those which were privately owned.

The arrangements in force for the maintenance of these cars follow the same lines as for Ambulance Service vehicles, each car being withdrawn to the central service depot for overhaul at intervals of 4,000 miles, a replacement car being provided for the nurse from a central pool. Minor servicing is the responsibility of the car user and is carried out approximately every two weeks by a local service agent, who is also entrusted to carry out minor repairs.

**Premises.**—Prior to the 5th July, 1948, a comprehensive review was undertaken of premises used by County District Councils as ambulance stations. It was obvious that some were not suitable premises from which to operate a service manned on a 24-hour basis, and that others would require adaptations to provide accommodation for additional vehicles and/or rest room, messing and office facilities.

Very few properties used by District Councils as ambulance stations were transferable to the County Council under the National Health Service (Transfer of Local Authority Functions) Regulations, 1948.



In order to expedite the work being put in hand at 17 of the more easily adaptable stations, a visit was paid to the Ministry of Health. Approval was given in principle in respect of 16 of the stations, but a new scheme had to be prepared for one of the stations. It was agreed that all items of alteration under £500 need not be submitted for starting dates, but that a starting date would have to be allocated by the Ministry of Works in respect of work costing more than £500. Before submitting tenders to the Ministry for adaptations to premises not owned by the County Council suitable security of tenure had to be obtained.

In the County Council's proposals, approved by the Ministry of Health, it was laid down that ambulance depots would be located, wherever possible, at or near fire stations, in order that facilities common to both services may be available. Prior to the appointed day, ambulance services operated from eight fire stations, and arrangements were made for the County Ambulance Service to operate from a further 12 fire stations, making a total of 20. Services transferred to fire stations were mainly those operating from unsuitable premises.

At all fire stations the rest room and messing facilities are available for use by ambulance personnel if desired.

A number of stations being used are not suitable for the service to operate from permanently, and consideration was, therefore, given to the question of a building programme to be spread over two years for new or additional stations in some 20 County districts. It is proposed that, wherever it is practicable, new stations will be built according to a standard plan. In the building programme, provision is also to be made for the setting up of an Ambulance Service headquarters, which comprise a 24-hour central control, long-distance service, and a local service station.

Some difficulty has been experienced in finding suitable sites for new ambulance stations. It will be appreciated that in this connection various factors have to be taken into consideration, e.g., position in relation to the centres of population, and in addition approval has to be given under the Town and Country Planning Act, 1947.

**Staff Establishments.**—The number of whole-time driving staff employed in the ambulance service in County districts and hospitals at the "appointed day" was 153, and these employees were transferred to the County Council service.

Many of these drivers undertook other duties such as those of maintenance mechanic for all vehicles of the local authority and, where employed by hospitals, those of porter. No standard rates were paid and the hours of duty, including "on call" responsibility, were excessive.

Most of the smaller services were manned by part-time drivers called upon as required from their main employment as gardeners, caretakers, garage staff, firemen or as drivers in other local authority services.

Only in rare instances were attendants available, reliance being placed in general on assistance being obtainable at the home, in the street or at the hospital.

The policy of the Health Committee provided for a driver and an attendant to operate each ambulance and for the telephone at each station to be manned at all times and that all ambulance personnel be interchangeable, i.e., qualified in driving and in first-aid.

The rates of pay and conditions of service adopted by the County Council were as recommended by the National Joint Industrial Council for Local Authorities Non-Trading Services.

Each major station operates an emergency ambulance on 24-hour duty which, to comply with the conditions of the men's appointment, requires a staff of eight personnel for the first ambulance, together with four telephonists to provide a constant telephone watch where this duty is undertaken by ambulance staff (in some instances, at fire stations, this duty is earned out by Fire Service staff). Additional ambulances staffed by a driver and an attendant, and sitting case cars with a driver only, operate on day duty during the peak period of demands on the service. The staff establishment is shown on pages 56 to 64.

**STATION LEADER.**—At each station, other than a Divisional station, one of the operational staff is appointed as Station Leader, responsible for discipline, the efficiency of the staff, care and maintenance of vehicles, equipment, etc., and for the compilation of service records. His rate of pay is that of a driver with the addition of a special payment based on the vehicle strength of the station, i.e., 12s. 6d. per week for the first ambulance, 5s. per week for each additional ambulance and 2s. 6d. per week for each sitting case car.

**DIVISIONAL SUPERINTENDENTS.**—The Health Committee considered it desirable to appoint for each Health Division (other than Divisions 1 and 10), a senior officer, known as the Divisional Ambulance Superintendent, to be responsible for the operational control of the service within the division, and located at the principal station within his area.

The duties of this officer include the supervision of the operational ambulance traffic, the preparation of duty rotas, holiday and relief arrangements, the completion and certification of time sheets, supervision of vehicles, supplies and equipment, station discipline and the training of personnel.

**Communications.**—Before the service was taken over on the 5th July, 1948, various means of calling an ambulance existed, e.g., through the police, sanitary inspector, surveyor, medical officer, etc. In a number of instances there was no means of direct contact by telephone with the ambulance station.

It was, therefore, decided that the majority of stations should have two telephone exchange lines, one published in the telephone directory for administrative matters and non-urgent bookings, and the other to be ex-directory and used solely for receiving emergency "999" ambulance calls. One or two of the small stations have one line only for receiving all calls.

Some County districts fall in two telephone exchange areas, particularly those on the boundaries of County Boroughs, and as the G.P.O. telephones display only one emergency ambulance number in each telephone exchange, it has been necessary to make arrangements with County Boroughs to accept emergency ambulance calls from the portion of a County district in their telephone exchange area, and pass such calls to the nearest County Ambulance Station, or deal with the cases themselves on behalf of the County Council, whichever may be the speedier method.

The emergency ambulance number to be displayed in each telephone exchange has been notified to the G.P.O. telephone managers.

Where the Ambulance Service is operating from fire stations it has been necessary to group them in the following manner for the purpose of communications:—

*Group "A"*—consisting of Morecambe, Acerington, Farnworth, Heywood, Eccles, Rawtenstall and Middleton.

These are mobilising fire stations, and ambulance personnel take all ambulance calls, the Fire Service watch room not being used by the ambulance service.

*Group "B"*—consisting of Leyland, Walton-le-Dale, Newton-le-Willows, Horwich, Ramsbottom, Littleborough, Swinton and Irlam.

At these stations Fire Service personnel take emergency ambulance calls from 9 a.m. to 5 p.m. and all calls after 5 p.m. although ambulance personnel are responsible for all clerical work in connection with the calls, the Fire Service watch room being used jointly with the Ambulance Service.

*Group "C"*—consisting of Wesham, Garstang, Penwortham, Great Harwood and Formby.

These stations are operated for Fire Services by "retained" personnel only. Ambulance personnel take all ambulance and fire calls, and the watch rooms at these stations may be used as an office by the ambulance staff.

At each fire station there is an ex-directory line for receiving emergency fire and ambulance calls, and also a published line for receiving non-urgent calls. At a few of the busier stations there is a second published line.

**Records and Service Returns.**—During the whole of the year under report, due to the continuance of the agency service, complete statistical information in relation to the number, type, etc., of patients conveyed by the service is not available. The records maintained by each authority or body providing a service are varied in their analyses and in many services were practically non-existent. It is therefore not desirable to publish incomplete statistical information in respect of the year 1948.

A system of service records has been introduced intended to provide a comprehensive analytical survey of the work undertaken by the service since its administrative transfer to the County Council.

**Equipment and Supplies.**—To obtain the advantages of bulk purchase and standardisation, schedules of equipment and service supplies have been prepared covering all issues in respect of staff, vehicles and stations, and central purchase and issue is undertaken as expedient.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

**Prevention of Illness.**—PROPAGANDA.—For the greater part of the year under report the Health Educational programme was carried out only by an Organiser employed on a part-time basis and, in consequence, no extension of the service was made.

Health Education in schools again represented by far the major part of the programme. Lectures, illustrated by films, on personal hygiene, food and diet, were presented in 11 of the 37 Divisional Education areas. In all, 124 lectures were given, and these were attended by 26,443 children of all ages. In most cases posters were exhibited, and literature having a direct bearing on the content of the lectures was handed to the head-teachers of the schools for distribution at their discretion.

Short addresses followed by films were given to Parent-Teacher Associations, the topics covered including such subjects as Sleep, Food, Communicable Diseases and Immunisation.

Film shows were also given in welfare centres on the care of the teeth and eyes.



A course of lectures was given to teachers on the physical and mental needs of the children in their care, and lectures were given to health visitors on the environmental factors affecting health.

To those responsible for the preparation of school meals a series of lectures was given on food handling. Cultures were specially prepared to show the development of food-borne infection.

Continued publicity has been given to the facilities available for the diagnosis and treatment of venereal diseases by means of posters exhibited at suitable points and the distribution of literature.

**Care and After-Care.**—CASES DISCHARGED FROM HOSPITAL OR RECOVERING FROM ILLNESS.—Where necessary, suitable steps are taken to follow up cases, e.g., visits by health visitors, provision of home helps, etc.

Since the "appointed day" under the National Health Service Act, 1946, the Regional Hospital Boards have been asked to arrange for Divisional Medical Officers to be notified of all cases discharged from hospital where after-care is needed. The County Council have also made provision for sending suitable cases to convalescent homes (i.e., where recuperation and not treatment is required), and during the period 5th July to 31st December, 1948, 12 adults and five children under school age were admitted to convalescent homes under this scheme.

The following statement shows the Health Divisions from which these cases were admitted:—

Health Division No.	Adults	Children under 5 years of age
9	4	—
11	—	1
13	2	—
15	4	1
16	1	3
17	1	—
TOTALS .....	12	5

**TUBERCULOSIS.**—Reference to care and after-care work in respect of tuberculosis cases is made in the report of the former Consultant Tuberculosis Officer on page 138.

**PROVISION OF NURSING EQUIPMENT AND APPARATUS.**—Prior to the 5th July, equipment was not provided by the County Council for nursing at home except in the case of special articles required for the care of premature infants or tuberculous persons.

District Nursing Associations, St. John Ambulance Brigade, and other voluntary organisations provided equipment on loan, and these arrangements have been continued for the time being, the County Council having taken over the equipment from District Nursing Associations. In addition, special mattresses, pillows, rubber sheeting, beds, etc., have been provided by the County Council since the 5th July in approved cases.

The stocks of equipment held by district nurses and at tuberculosis dispensaries are being reviewed, and action is being taken so that nursing equipment and apparatus will be available for patients who are confined or nursed at home.

### DOMESTIC (HOME) HELP SERVICE

Prior to the 5th July the County Council, as a Welfare Authority, had a scheme for the provision of home helps in maternity cases (domiciliary confinements, or where the mother had been admitted to hospital), and in other cases of need for domestic help due to there being children where the mother was incapacitated, people who were ill, or old people who were unable to look after themselves.

The Lancashire County Council's scheme of divisional administration provided for the day-to-day administration of the domestic help scheme to be the responsibility of Divisional Health Committees, but, owing to the volume of work suddenly thrust upon divisional administrative staffs, mutual arrangements were made for the administration to be continued for a period either by the local sanitary authorities having delegated powers, the former autonomous welfare authorities or the central office administrative staff. The administration had been taken over by 14 of the 17 Health Divisions by the end of 1948.

Each Health Division was to have a Home Help Organiser whose duties would be combined with those of a Welfare Worker. Two had been appointed by the end of the year.

The following table shows the number of home helps employed at the 4th July and 31st December:—

	At 4th July, 1948	At 31st Dec., 1948
(i) Whole-time .....	7	20
(ii) Part-time (on retaining fee) .....	104	127
(iii) Part-time (not on retaining fee) .....	29	213

During the year, helps attended a total of 1,997 cases (640 during the first half of the year, and 1,357 in the latter half of the year). The following statement shows the distribution in Health Divisions of the 1,357 cases attended since the 5th July and of the staff employed at the end of the year:—

Health Division No.	No. of Home Helps employed at 31st December, 1948			No. of cases for which a Home Help was provided.
	Whole-time	Part-time (on retaining fee)	Part-time (not on retaining fee)	
1	—	2	—	7
2	—	—	37	84
3	—	16	1	40
4	—	—	19	71
5	—	11	—	55
6	8	7	—	138
7	1	10	4	129
8	—	14	—	33
9	1	7	72	191
10	—	—	39	64
11	1	26	6	160
12	—	4	1	27
13	—	7	—	31
14	3	9	—	81
15	—	3	11	56
16	4	5	—	78
17	2	6	23	112
TOTALS— Administrative County	20	127	213	1,357

### MENTAL HEALTH

**Administration.**—Prior to the coming into operation of the National Health Service Act, 1946, the administration of the Lunacy and Mental Treatment Acts, 1890 to 1930, was carried out partly by the County Council and partly by the Lancashire Mental Hospitals Board. The County Council, through the Public Assistance Committee, were responsible for the initial care and removal to hospital of persons dealt with under the Acts, whilst the Mental Hospitals Board were responsible for the provision of mental hospitals and the treatment of persons detained therein. In addition, the Board were themselves responsible for the administration of the Mental Deficiency Acts, 1913 to 1938.

As from the 5th July, 1948, however, the Lancashire Mental Hospitals Board was dissolved and the County Council, as the local health authority, had assigned to them under the provisions of the National Health Service Act, 1946, the following additional duties relating to mental health, viz:—

(a) The power, and to the extent the Minister of Health directs, the duty to make arrangements for the care and after-care of persons in the community suffering from mental illness or mental defectiveness;

(b) The ascertainment and (where necessary) removal to institutions of mental defectives, and the supervision, guardianship, training, and occupation of those in the community.

The proposals of the County Council for the provision of a mental health service for the Administrative County, which were duly approved by the Minister of Health on the 6th April, 1948, were reproduced in the Annual Report for 1947.

In order to carry out their duties in regard to mental health, the Health Committee, to whom were referred all matters relating to the discharge of the functions of the local health authority, set up a Mental Health Sub-Committee consisting of 20 members of the County Council, together with representatives of the Lancashire Non-County Boroughs Association, the Lancashire Branch of the Rural District Councils Association, the Lancashire Executive Council, the Lancashire Local Medical and Panel Committee and the Liverpool Regional Hospital Board. The Sub-Committee meets at regular monthly intervals or as is found necessary.



The Mental Health Service was throughout the period of this report administered centrally by the Health Committee through the Mental Health Sub-Committee.

**STAFF EMPLOYED.**—The local health authority's proposals for the provision of a Mental Health Service in the Administrative County area included the appointment of a medical officer with special knowledge and experience of mental illness and mental defect, able to advise on mental health matters, to act under the County Medical Officer of Health, who would be responsible for the control of the Mental Health Service, but up to the present time it has not been possible to make such an appointment. The proposals also included the appointment of a psychiatric social worker to assist the medical officer. Advertisements for a qualified psychiatric social worker to undertake the technical supervision of the mental health workers have, however, met with no response.

The Divisional Medical Officer and his Assistant Divisional Medical Officers in each of the 17 Health Divisions set up in the County by the local health authority are responsible for the routine work of the Mental Health Service. All these medical officers are approved for the purpose of giving medical certificates under section 5 of the Mental Deficiency Act, 1913, and are also approved under Regulation 53 of the Handicapped Pupils and School Health Service Regulations, 1945.

Twenty-six duly authorised officers and nine female mental health workers had been appointed and allocated to the Health Divisions by the end of the year.

Of the duly authorised officers, 13 were former relieving officers and the remainder were former public assistance officials who had knowledge of the procedure for the certification of cases under the Lunacy Acts. These officers also undertake the supervision of mental defectives in the community.

All the female mental health workers were formerly in the service of the Lancashire Mental Hospitals Board, the former local authority under the Mental Deficiency Acts, and have had previous experience of community work in respect of persons suffering from mental defectiveness or mental illness, and the after-care of such persons.

Four occupation centres set up by the former Lancashire Mental Hospitals Board were taken over by the local health authority. These centres are situated at Lancaster, Stretford, Crosby and Huyton. There is a supervisor and assistant supervisor at each centre. Of these, one only is qualified, but the majority of the remainder have had a number of years' experience in occupation centre work.

Four members of the central office staff of the former Lancashire Mental Hospitals Board are now on the central office staff of the local health authority.

**HOSPITAL SERVICES.**—The local health authority has representation on the Liverpool and Manchester Regional Hospital Boards, and Hospital Management Committees have representation on the various Divisional Health Committees.

On behalf of Hospital Management Committees, the local health authority are undertaking the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives. In addition, case histories in respect of newly admitted patients to mental hospitals and reports on (a) the home conditions of patients under consideration for licence on trial or discharge from hospitals and institutions and (b) the home conditions of patients in institutions whose cases were due for consideration under section 11 of the Mental Deficiency Act, 1913, have been obtained on request. The number of visits paid and the number of cases involved during the period 5th July to 31st December, 1948, are as follow:—

<i>Mental Illness—</i>	No. of visits	No. of cases involved
Case histories .....	128	113
Reports on home conditions for licence on trial or discharge .....	50	40
<i>Mental Deficiency—</i>		
Progress reports .....	266	209
Reports on home conditions for licence on trial or discharge .....	278	236
Reports on home conditions for the purpose of section 11 of the Mental Deficiency Act, 1913 .....	250	193

**DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.**—The local health authority have not delegated to voluntary associations any of their duties under the Lunacy and Mental Treatment Acts, 1890 to 1930, the Mental Deficiency Acts, 1913 to 1938, and section 28 of the National Health Service Act, 1946, relating to persons suffering from mental illness or mental defectiveness or the after-care of such persons.

**TRAINING OF MENTAL HEALTH WORKERS.**—Nine duly authorised officers attended a course of training in mental health, arranged in conjunction with the National Association for Mental Health, at the Manchester University prior to the 5th July, 1948. It is hoped to make arrangements, subject to the exigencies of the service, for other duly authorised officers to attend similar courses.

All the female mental health workers had, prior to the 5th July, 1948, experience of community work in respect of mental defectives and persons suffering from mental illness.

**Work undertaken in the community.**—UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946; *Prevention, care and after-care (persons suffering from mental illness or mental defectiveness)*.—Psychiatric Out-Patient Clinics of Regional Hospital Boards were attended by duly authorised officers and female mental health workers, as required. Forty-three attendances were made at Clinics in Lancaster, Blackburn, Burnley, Liverpool, Bootle, St. Helens and Salford.

After-care visits were made as follow:—

	No. of visits	Number of cases involved
Ex-service personnel.....	62	28
From mental hospitals .....	273	144
From mental deficiency institutions or guardianship .....	10	2

UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930, BY DULY AUTHORISED OFFICERS.—The following is a summary of the work undertaken by duly authorised officers under the above Acts during the period 5th July to 31st December, 1948:—

	No. of cases
(1) Admitted to an establishment designated for the purpose by the Minister of Health:	
(a) On a three days order under section 20 of the Lunacy Act, 1890 .....	325
(b) On a Justices' fourteen days order under section 21 of the Lunacy Act, 1890 .....	225
(2) Summary reception orders made:	
(a) Patient conveyed to a mental hospital from another hospital or establishment:	
(i) Following detention on an order under section 20 or 21 of the Lunacy Act, 1890.....	187
(ii) Not following detention on an order under section 20 or 21 of the Lunacy Act, 1890 .....	18
(b) Patient admitted direct to mental hospital .....	50
(c) In respect of a patient already in the same mental hospital:	
(i) As a voluntary patient .....	21
(ii) Under the provisions of section 20 or 21 of the Lunacy Act, 1890 .....	114
(3) Notified as an alleged person of unsound mind or suffering from mental illness and	
(a) Dealt with as:	
(i) voluntary patients .....	123
(ii) temporary patients .....	19
(b) No order made (excludes cases already shown under (a) ) .....	95
(4) Transfers from one mental hospital to another .....	82

UNDER THE MENTAL DEFICIENCY ACTS, 1913 TO 1938.—*Ascertainment*.—The total number of cases reported to be mentally defective was 87 (46 males and 41 females). Of this number, 56 (25 males and 31 females) were reported under section 57 of the Education Act, 1944.

The cases were disposed of as follows:—

	Males	Females	Total
Placed under statutory supervision .....	18	15	33
Placed under voluntary supervision .....	1	—	1
Admitted to institutions (by order) .....	10	2	12
Found not to be defective .....	—	2	2
Removed from area .....	2	1	3
Action not yet taken .....	15	21	36
	<u>46</u>	<u>41</u>	<u>87</u>

Of the number admitted to institutions, 6 (4 males and 2 females) were committed from Magistrates' Courts under section 8 of the Mental Deficiency Act, 1913.



The number of cases awaiting vacancies in institutions at the end of the year was 51 (22 males and 29 females).

The total number of cases on the "Register of Defectives in the Community" at the end of the year was 1,146 as follows:—

	Males	Females	Total
Cases "subject to be dealt with":—			
Under guardianship (by order) .....	23	23	46
Under statutory supervision .....	421	376	797
Action not yet taken .....	30	41	71
Cases "not subject to be dealt with":—			
Under voluntary supervision .....	65	75	140
Others .....	50	42	92
	<u>589</u>	<u>557</u>	<u>1,146</u>

The total number of defectives admitted to institutions by order from the 5th July to the 31st December, 1948, including new cases reported during that period, was 25 (19 males and 6 females).

*Guardianship and Supervision.*—Arrangements have been made for cases under guardianship to be visited by Medical Officers at intervals not exceeding six months and by lay visitors (duly authorised officers and female mental health workers) at intervals not exceeding three months. From the 5th July, 1948, to the end of the year, visits in these cases totalled 200, as follows:—

By medical officers .....	19
By lay visitors .....	181

With one exception, all the guardianship cases are placed with relatives.

Visits to cases under statutory supervision are made by duly authorised officers and female mental health workers at intervals not exceeding three months. The number of visits made in these cases during the period 5th July, 1948, to 31st December, 1948, totalled 1,765.

*Training.*—The total number of cases attending occupation centres at the end of the year was 128 (62 males and 66 females). Of this number, 63 (24 males and 39 females) were at the 31st December, 1948, attending the four centres taken over by the local health authority on the 5th July, 1948, and 65 (38 males and 27 females) were attending ten centres under the control of County Borough local health authorities.

*Ambulance Services.*—The ambulance facilities provided by the local health authority under section 27 of the National Health Service Act, 1946, are available for the removal of persons suffering from mental illness or mental defectiveness.

## OTHER SERVICES

*Nursing Homes.*—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936.

The County Council are the authority under the Act for the area of the Administrative County, but their powers and duties under the Act in respect of the undermentioned Municipal Boroughs were, during 1948, delegated to the Councils thereof:—

Accrington.	Darwen.	Morecambe & Heysham.
Ashton-under-Lyne.	Eccles.	Nelson.
Bacup.	Heywood.	Rawtenstall.
Chorley.	Lancaster.	Stretford.
Clitheroe.	Leigh.	Swinton & Pendlebury.
Colne.	Lytham St. Annes.	
Crosby.	Middleton.	

At the end of 1948 there were 28 registered nursing homes in the administrative area of the County Council and, according to the local reports, 18 in the above-mentioned autonomous districts.

All the nursing homes on the County register are from time to time re-inspected by the Divisional Medical Staff, and during the year 50 such inspections took place.

The following is a summary of the action taken during 1948:—

Applications under consideration at 31st December, 1947	.....	.....	1
Applications for registration received	.....	.....	2
Certificates of registration issued	.....	.....	3
Applications withdrawn	.....	.....	—
Applications refused	.....	.....	—
Applications under consideration at 31st December, 1948	.....	.....	—
Certificates cancelled during the year	.....	.....	7

The nursing homes were situated in the following districts:—

Carnforth	.....	.....	1	Thornton Cleveleys	.....	.....	3
Denton	.....	.....	1	Tottington	.....	.....	1
Fleetwood (B.)	.....	.....	2	Ulverston	.....	.....	2
Formby	.....	.....	2	Urmston	.....	.....	1
Golborne	.....	.....	1	Blackburn (R.)	.....	.....	1
Grange	.....	.....	1	Burnley (R.)	.....	.....	1
Huyton-with-Roby	.....	.....	1	Lunesdale (R.)	.....	.....	1
Orrell	.....	.....	1	Warrington (R.)	.....	.....	3
Poulton-le-Fylde	.....	.....	1	West Lancashire (R.)	.....	.....	2
Prestwich (B.)	.....	.....	2				

**NURSING HOMES BYELAWS.**—In July, 1947, the County Council approved draft byelaws concerning nursing homes for submission to the Ministry of Health. These were confirmed by the Minister on the 24th November, 1947, and came into operation on the 1st January, 1948. The byelaws, which repealed those which had been in operation since 1929, applied to the area of the Administrative County with the exception of the above-mentioned 19 districts to the Councils of which the County Council had delegated their powers and duties, and prescribed the various records to be kept by the keeper of a nursing home and the notices to be given in the event of a death in a nursing home. Prints of the byelaws were circulated to all the County District Councils and the nursing homes affected.

**Agencies for the Supply of Nurses.**—Part 2 of the Nurses Act, 1943, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the Licensing Authority unless he is the holder of a licence from that authority authorising him so to do on those premises. The County Council are the licensing authority in the Administrative County for this part of the Act, but their powers and duties have, in accordance with the provisions of section 11 of the Act, been delegated to the Councils of the Municipal Boroughs of Clitheroe, Colne, Heywood, Lancaster and Stretford.

To the end of 1948, only one agency—at Lytham St. Annes (B.)—had been licensed.

**Hospital Accommodation.**—**SMALLPOX AND OTHER INFECTIOUS DISEASES HOSPITALS.**—As from the 5th July, 1948, the National Health Service Act, 1946, placed on the Minister of Health the responsibility for the hospital treatment of all cases of illness and, in consequence, local authorities were relieved of the duty of providing, directly or indirectly, hospital accommodation for cases of smallpox and other infectious diseases.

The various means whereby local authorities within the Administrative County provided such accommodation prior to the 5th July, 1948, are summarised in the following statement:—

	For smallpox	For infectious diseases other than smallpox
Number of districts with their own hospital	2	2
Number of districts which were constituent members of Joint Hospital Boards or Committees	43	50
Number of districts using hospitals within the Administrative County belonging to Councils of County districts	2	9
Number of districts using hospitals of Joint Hospital Boards or Committees	31	13
Number of districts using hospitals belonging to Lancashire County Boroughs	25	26
Number of districts using hospitals outside the Geographical County	2	4
Number of districts using more than one type of hospital	—	5
Number of districts without hospital accommodation	4	—

The four districts stated to have no arrangements for hospital accommodation for smallpox were:—  
Blackrod, Haydock, Rishton, Upholland.



*Grants to Local Authorities towards Cost of Treatment of Cases of Infectious Disease in Hospital.*—As from 1st April, 1936, the County Council decided to make grants to local authorities in the Administrative County towards the cost of hospital treatment of infectious diseases, subject in each case to compliance with any conditions laid down by the Public Health and Housing Committee, on the basis of £3 per case removed to hospital in or from the several County districts. The following statement shows the amount of grant paid each year since that date up to the 5th July, 1948, when the responsibility for hospital treatment of all cases of illness was transferred to the Minister of Health and, in consequence, the grants ceased to be payable:—

Year	Amount of Grant £	Year	Amount of Grant £
1936 (9 months).....	12,729	1943 .....	20,016
1937 .....	17,277	1944 .....	18,393
1938 .....	22,533	1945 .....	15,027
1939 .....	17,853	1946 .....	10,389
1940 .....	16,701	1947 .....	10,614
1941 .....	18,468	1948 (to 5th July) .....	6,939
1942 .....	17,358		

**COUNTY COUNCIL HOSPITALS.**—Prior to the 5th July, 1948, the hospitals under the control of the County Council numbered 17 and these provided 4,300 beds, excluding 1,380 for mental patients and 1,710 for the aged and infirm.

The National Health Service Act, 1946, placed the responsibility for the hospital treatment of cases of illness on the Minister of Health and section 6 of the Act prescribed that all local authority hospitals should, as from the appointed day, be vested in the Minister and that Regulations would be issued to provide for the apportionment, as between the Minister and local authorities concerned, of interests in premises used partly for the purposes of any hospital to which the section applied and partly for other purposes.

Apart from the two general hospitals administered by the Public Health and Housing Committee (i.e., Park Hospital, Davyhulme, and the Whiston County Hospital), Rossall County Hospital and Ribchester Institution which were used wholly for the treatment of the sick and were, therefore, clearly transferable to the Minister, there were 13 Public Assistance Institutions, each catering for the needs of the sick and the non-sick. At these 13 institutions there was, therefore, a dual interest, the Minister being interested in that portion of the premises dealing with sick cases, and the Local Health Authority (the County Council) in that portion used for the reception of non-sick cases.

The subsequent Regulations of the Minister provided that, in the case of these 13 institutions, the question of ownership, either by the Minister of Health or by the Local Health Authority, should be decided on the basis of major user, i.e., in those cases where the number of sick beds exceeded those for the non-sick the properties should be transferred to the Minister, whilst in cases where the greater number of beds were for the reception of the non-sick the institution should continue to remain in the ownership of the Local Health Authority. In either event, the authorities concerned were to be permitted the continued use of the respective number of sick or non-sick beds.

As a result of these Regulations, 11 of the 13 institutions were transferred to the Minister and the County Council was allocated at each institution an agreed number of beds for the reception of the non-sick. The remaining two institutions, i.e., Garstang and Lancaster, remained as County Council institutions, and at the Lancaster Institution a number of sick beds were allocated to the Minister for the treatment of the sick.

No allocation of accommodation for the sick was made at Garstang Institution as the number of sick cases normally received there was so small as to render this course impracticable. The institution accordingly has remained totally under the control of the County Council and is to be adapted as a hostel for the aged.

Detailed information regarding the accommodation offered at the above institutions will be found in the section of the Report dealing with Welfare Services provided under the National Assistance Act, 1948.

**Cancer.**—The schemes of the County Council under the Cancer Act, 1939, for the provision of adequate facilities for the treatment of persons suffering from cancer, were described in detail in the Annual Report for 1947. These facilities were provided through the organisations set up by the Manchester Regional Cancer Board and the Liverpool Cancer Control Organisation, specialised radium and X-ray treatment being afforded at the Christie Hospital, Manchester, and the Radium Institute, Liverpool, whilst surgical, diagnostic, and consultative facilities were available at a large number of voluntary hospitals in the County.

As from the appointed day under the National Health Service Act, 1946, this treatment service became, of course, the responsibility of the Minister of Health and the schemes of the County Council were automatically terminated.

**Non-Tuberculous Chest Conditions.**—The scheme whereby patients suffering from non-tuberculous chest conditions were admitted to the following hospitals for treatment continued to operate during 1948 and, up to the 5th July, 79 cases had been admitted, as under:—

Broadgreen Hospital	.....	.....	.....	52
Baguley E.M.S. Hospital	.....	.....	.....	3
Manchester Royal Infirmary	.....	.....	.....	7
Park Hospital, Davyhulme	.....	.....	.....	17
				<hr/>
				79
				<hr/>

On the 5th July, 1948, responsibility for this specialised treatment passed to the Minister of Health, along with all other treatment services.

**District Medical Officers.**—Until the operation of the National Assistance Act, 1948, 130 part-time District Medical Officers were employed in the County Public Assistance Service to afford out-door medical relief and to care for persons placed upon Permanent Medical Relief Lists. The annual number of patients so treated was in the region of 16,000, and some 156,000 prescriptions for medicines, etc., were issued to these cases annually. In addition, necessitous cases were afforded dental treatment and provided with dentures, spectacles, insulin and surgical appliances.

Under the terms of the National Health Service Act, 1946, the responsibility for the provision of personal medical and dental services became that of the Executive Councils and, simultaneously, the former Public Assistance Services were abolished by the National Assistance Act, 1948.

On the 5th July, 1948, therefore, the services of the District Medical Officers were automatically terminated and former public assistance cases have, from that date, been entitled to receive treatment as necessary under arrangements made by Executive Councils with general practitioners, dentists, opticians and pharmacists.

**Venereal Diseases.**—Prior to the 5th July, 1948, the County Council scheme provided facilities for the diagnosis and treatment of venereal diseases. On that date the Public Health (Venereal Diseases) Regulations, 1916, were revoked and the County Council scheme was, in consequence, terminated, the responsibility for the treatment of venereal diseases being transferred to the Minister of Health.

**DIAGNOSTIC FACILITIES.**—Facilities for the examination of specimens for Wassermann reaction and gonococci from cases or suspected cases were available at the undermentioned laboratories:—

Manchester	.....	The University of Manchester, Public Health Laboratory, York Place, Oxford Road.
Liverpool	.....	The University of Liverpool, City Laboratories and School of Hygiene, Mount Pleasant.
Burnley	.....	County Borough of Burnley Public Health Laboratory, Victoria Hospital.

In addition, the examination of similar types of specimens was undertaken at the E.M.S. Laboratory, High Carley Sanatorium, near Ulverston, in respect of the northern portion of the County covered by the domiciliary scheme.

Examinations of specimens from patients attending the County Council clinics at Chorley, Fleetwood and Lancaster were undertaken at the Chorley clinic by a part-time technician employed by the County Council.



*Pathological outfits.*—The following table sets out the number of pathological outfits supplied to medical practitioners by the County Health Department during the period 1st January to the 4th July, 1948. For comparative purposes figures for each of the four previous complete years are also given:—

Pathological outfits for	1944	1945	1946	1947	1948 (to 5th July)
Wassermann test .....	3,659	3,755	5,364	4,618	2,636
Detection of spirochaeta pallida .....	—	—	—	—	—
Detection of gonococci .....	324	209	159	164	86
TOTAL .....	3,983	3,964	5,523	4,782	2,722

*TREATMENT FACILITIES.*—These were mainly provided at treatment centres belonging to voluntary hospitals or County Boroughs. Three centres—at Chorley, Fleetwood and Lancaster—were provided directly by the County Council. In the northern part of the County a domiciliary scheme was in operation.

*Work carried out at County Council treatment centres.*—The table below shows the number of patients who attended for the first time at the three County Council treatment centres during 1948. As the figures for the complete year are available they are given, although, as pointed out above, the treatment centres were transferred to the Minister of Health on the 5th July. For purposes of comparison, the figures for 1947 are also given:—

*Number of patients attending for treatment of	1947		1948	
	M	F	M	F
Gonorrhoea .....	62	24	66	14
Syphilis .....	57	42	36	25
Non-venereal diseases .....	171	58	151	58
TOTAL .....	290	124	253	97

\* Patients attending for the first time; patients who attended from other clinics are not included.

*Work carried out at other treatment centres.*—The following table has been compiled from the Annual Returns, Form V.D.(R), of the Medical Officers of treatment centres, and therefore relates to attendances of County residents throughout the year 1948:—

Treatment Centre	Number of County residents attending for the first time and found to be suffering from:—				Total number of attendances of County residents
	Syphilis	Soft chancre	Gonorrhoea	Non-venereal and undiagnosed conditions	
Ashton-under-Lyne District Infirmary .....	29	—	30	38	1,618
Blackburn and East Lancashire Royal Infirmary .....	26	—	53	80	4,390
Blackpool Municipal Health Centre .....	12	—	26	49	810
Bolton Public Health Department Clinic .....	54	—	45	212	6,115
Bootle General Hospital .....	21	1	37	43	1,924
Burnley Victoria Hospital .....	34	—	35	43	1,611
Bury Joint Clinics.....	31	—	60	68	2,826
Liverpool Mill Road Infirmary .....	3	—	1	5	198
Liverpool Royal Infirmary .....	45	—	31	137	2,217
Liverpool Seamen's Dispensary .....	11	4	45	111	977
Manchester Ancoats Hospital .....	9	—	9	37	921
Manchester Royal Infirmary .....	36	—	31	86	1,748
Manchester St. Luke's Hospital .....	34	1	154	216	3,570
Manchester and Salford Skin Hospital .....	43	—	1	36	1,632
Oldham Royal Infirmary .....	26	1	30	64	2,984
Preston Royal Infirmary .....	34	—	48	82	2,011
Rochdale Municipal Clinic .....	36	—	26	29	1,857
St. Helens Dispensary .....	11	—	24	33	618
Salford Municipal Clinic .....	55	11	122	331	7,724
Southport Infirmary .....	9	—	21	11	910
Warrington General Hospital .....	24	—	18	49	1,189
Wigan Royal Albert Edward Infirmary .....	32	—	50	127	3,546
Other Institutions treating County residents .....	21	—	10	19	1,810
TOTAL .....	636	18	907	1,906	53,206

*Work carried out under domiciliary scheme.*—The aspect of the County Council's scheme concerned with domiciliary treatment in some sparsely populated rural areas was maintained by the Minister of Health after the 5th July, 1948, and, as figures for the separate periods of County Council and Ministerial responsibility are not available, particulars of such treatment are given below for the whole year:—

	Syphilis		Soft chancre		Gonorrhoea		Non-venereal or undiagnosed conditions	
	M.	F.	M.	F.	M.	F.	M.	F.
Cases under treatment on 1st January, 1948 .....	1	2	—	—	3	—	—	—
Cases attending for the first time in 1948 .....	—	1	—	—	2	2	9	7
Cases which ceased to attend before completion of treatment .....	—	—	—	—	1	—	—	—
Cases transferred to other care .....	—	—	—	—	—	—	—	—
Cases discharged after completion of treatment and final test of cure or after diagnosis as non-venereal .....	—	—	—	—	—	—	9	7
Cases remaining on 31st December, 1948, either under treatment or under observation .....	1	3	—	—	4	2	—	—
Total attendances during 1948 .....	7	26	—	—	5	21	18	21

*Arsenobenzene compounds.*—Under the arrangements made for the supply of arsenobenzene compounds to medical practitioners "approved" for this purpose, the following were supplied during the period 1st January to the 4th July, 1948. Figures for each of the four previous complete years are also given:—

Year	Total number of medical practitioners "approved" for supply of these preparations	Number of doses of arsenobenzene preparations supplied to medical practitioners										Total
		Kharsulphan	Myosalvarsan	Neokharsivan	Novarsenobillon	Stabilarsan	Sulfarsenol	Sulphostab	Metarsenobillon	Neo Salvarsan	Novostab	
1944	258	19	4	130	136	179	8	—	—	6	—	482
1945	260	—	120	48	64	188	—	—	—	30	24	474
1946	261	22	—	60	70	316	—	15	—	40	—	523
1947	262	30	—	50	36	268	—	—	—	—	—	384
1948 (1st Jan.-4th July)	263	14	—	10	30	390	—	—	—	—	—	444

**Supply of Insulin.**—During the war the Ministry of Health had under review the arrangements by means of which insulin might be supplied either free of cost or at a reduced price to persons suffering from diabetes, and issued Circular No. 2734 on the subject.

It was pointed out that arrangements for the provision of insulin were available under the National Health Insurance Acts, the Poor Law Acts, the Education Act and the Public Health Act. The National Health Insurance Acts, the Poor Law Acts and the Education Act dealt with the majority of cases where the provision of insulin was necessary but there still remained some classes of persons, e.g., dependants of insured persons, widows and spinsters engaged in household duties, for whom no public provision was made apart from the Poor Law.

The Minister therefore considered that these cases would best be met by the use of the powers of section 177 of the Public Health Act, 1936, by which an authority could, with the Minister's approval, provide a temporary supply of medicine for the poorer inhabitants of their district.



The Minister gave the necessary approval to enable all authorities to which the section applied to provide a supply of insulin for persons suffering from diabetes, until the termination of the emergency.

The Public Health and Housing Committee therefore authorised arrangements to be made for the supply of insulin free of cost to persons eligible under the terms of section 177 of the Public Health Act, 1936.

Only six persons required to be supplied under the terms of this section during 1948.

With the operation of the National Health Service Act, 1946, the supply of insulin by the County Council ceased.

**Compulsory Removal of Persons in need of Care and Attention.**—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

According to local health reports, no action under this section of the Act had been found necessary by any district council within the County area up to the 31st December, 1948.

## WELFARE SERVICES

### THE NATIONAL ASSISTANCE ACT, 1948

Part III of the above Act which came into operation as from the appointed day, 5th July, 1948, assigned duties to the County Council in respect of certain categories of persons in need of care and attention, or handicapped persons, who, as they do not require active medical or hospital treatment, do not fall to be dealt with under the National Health Service Act, 1946. Such persons, to distinguish them from the sick, are often referred to conveniently as the "non-sick".

Section 21 of the Act states:

- (1) It shall be the duty of every local authority, subject to and in accordance with the provisions of this Part of this Act, to provide—
  - (a) residential accommodation for persons who by reason of age, infirmity, or any other circumstances are in need of care and attention which is not otherwise available to them;
  - (b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.
- (2) In the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to different descriptions of such persons as are mentioned in the last foregoing subsection.

Section 29 of the Act states that the Council "shall have power to make arrangements for promoting the welfare of persons to whom this section applies, that is to say persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister".

The remaining 14 sections of Part III of the Act deal with various aspects of these two main duties; and these and other circulars issued to local authorities by the Minister not only elaborate in considerable detail the administrative aspects involved in carrying out the duties, but do much to indicate the aims underlying the legal framework and the terminology of the Act.

All the arrangements whereby the provisions of the Act would be implemented are to be carried out in accordance with Schemes approved by the Minister.

The above very condensed summary of the welfare functions of the Council is, of course, subject to much elaboration of detail.

**Conditions obtaining in the Administrative County on 5th July, 1948.**—The County Council was, on the 4th July, 1948, responsible for accommodating categories of the following "non-sick"—and not in need of treatment—aged and infirm persons:—

- (i) 832 aged persons, 479 male, 353 female, in 13 Public Assistance Institutions in the Administrative County; and 444 aged persons, 222 male, 222 female, accommodated in Public Assistance Institutions administered by other local authorities under "user" agreements with the County Council. In addition the Council reciprocally provided, in 5 Public Assistance Institutions in the Administrative County, accommodation under "user" agreements for 268 aged persons, the responsibility of other local authorities.
- (ii) Four small hostels—2 male, 2 female—formerly administered by the Ministry of Health existed in the Administrative County. They had been used for evacuees but had been taken over by the County Council before the appointed day. In all, 43 males and 39 females were so accommodated, of whom 73 were the responsibility of the County Council.
- (iii) The County Council also maintained 64 aged and handicapped persons and 37 blind persons in residential accommodation provided by voluntary organisations, and 133 epileptics at the Langho Colony which is owned and administered by Manchester Corporation.
- (iv) Following the appointed day, the Council had to provide accommodation for the above, and also for an unknown number of aged persons qualifying under section 21 who might be in need of, and desire, the accommodation envisaged.

The numbers of persons provided with residential and temporary accommodation by the County Council in various establishments during the period 5th July, 1948, to 31st December, 1948, are set out in tables 19 to 23, pages 185 to 189.

A number of children were also accommodated. Of these, a small number were children who, along with their parents, were provided with temporary accommodation under the provisions of the National Assistance Act, but the majority were unaccompanied children accommodated on behalf of the Children's Committee.



In course of time the Children's Committee hope to have sufficient accommodation to enable them to dispense with the use of the nurseries and institutions, but the complication of children being accommodated on their behalf continued throughout the period under review, and in view of this the numbers of children accommodated have not been quoted.

**Work of the Welfare Services Sub-Committee.**—This Sub-Committee held their first meeting in September, 1948, and monthly thereafter, and gave their attention to the following matters as being their principal terms of reference:—

- (a) The establishment of hostels;
- (b) The surveys of residents and accommodation in former Public Assistance Institutions;
- (c) The preparation of the Council's schemes under sections 21 and 29 of the Act;
- (d) Preliminary surveys of the disabled persons referred to in section 29 of the Act.

Work on items (a) and (b) went forward, with some priority being accorded to the hostel programme, whilst the considerations relative to allocated accommodation in former Public Assistance Institutions were being discussed with representatives of the Regional Hospital Boards and Hospital Management Committees concerned.

**Schemes.**—The important task of formulating the statutory schemes in accordance with which the Council's work was to be carried on under section 21 (for accommodation) and section 29 (for welfare of the physically handicapped, blind, deaf and dumb, and cripples and epileptics, etc.) was undertaken. The schemes were laid before the Welfare Services Sub-Committee at their meeting in December, 1948. They were subsequently approved, with very minor modifications, by the Health Committee and the County Council and by the Ministry of Health. The schemes as approved are reproduced in full on pages 85 to 101.

#### ACCOMMODATION FOR THE AGED AND INFIRM, ETC.

**Hostels.**—**LONG-TERM POLICY.**—The Welfare Services Section of the Health Department came into being with the appointed day, 5th July, 1948, and had as its first duty to consider the existing situation and by what processes the basic objective of the Act—the break-up of the former Poor Law system and its replacement by newer standards of accommodation and welfare—could best be attained.

Under the new conception, the "inmate" becomes the "resident"; and the Public Assistance Institution itself is to be replaced, as the Act states, "by accommodation of different descriptions suitable to different descriptions of persons."

The description of the average inmate living in Public Assistance Institutions had indeed altered greatly during the present century, able-bodied inmates having in many cases been succeeded by worthy, healthy, aged persons for whom other accommodation was no longer available elsewhere.

The Minister envisages hostels, each for about 30-35 aged persons, of either or both sexes, where suitable persons coming within the meaning of section 21 will be accommodated in comfort. The local authority is to provide staff, furnishing, food, clothing, and all desirable amenities. The aged resident is to contribute according to his means up to the maximum standard charge decided by the local authority in relation to the costs of maintenance. The present County Council rate is 52s. 6d. per week.

Those who are unable to pay this full standard charge are to be assessed as to their resources, effect being given to certain statutory "disregards", and pay such sum weekly as is decided upon.

The minimum weekly payment to be made by a resident has been prescribed by the Minister of Health at 21s. The Minister also prescribed that a resident will require 5s. per week for personal requirements. Where the resident has insufficient resources the National Assistance Board make an allowance to enable him to pay the minimum charge.

**PROGRESS OF HOSTEL PROGRAMME.**—Properties suggested as available were inspected for suitability as hostels. The County Architect's reports and District Valuer's valuations came forward steadily throughout the latter half of the year; and for such properties as were approved, the County Architect prepared schemes of adaptations and estimates, which were laid before the Committees and the Ministry of Health for approval at the appropriate stages.

It was found in practice that properties capable of accommodating the Minister's proposed numbers of 30 to 35 residents were too far from amenities, and the Committees concerned adopted instead the policy of seeking medium-sized houses, roughly to the number of two in each of the 17 Divisions, capable of housing immediately 15 to 25 residents with staff, near to amenities and where there seemed a good chance of further extensions to accommodation being carried out at a later date.

A conference between representatives of the Council and of the Ministry of Health took place in London in November, 1948, when the provision of hostels was discussed.



Such work occupied the period till the 31st December, 1948, by which time it was felt that the policy of initiating the hostel programme first, and getting it moving, whilst negotiating with the Regional Hospital Boards regarding allocated accommodation in former Public Assistance Institutions, was justified.

By the 31st December, 1948, negotiations were proceeding for the acquisition and adaptation of some 15 new hostels. About three times this number had been inspected and found unsuitable, and had been rejected.

**STAFFING, FURNISHING AND EQUIPPING OF HOSTELS.**—Two important recommendations regarding hostel administration were laid before the Welfare Services Sub-Committee at their meeting in December, 1948, and approved. The first was an establishment of staff to provide for the needs of the hostels envisaged. The second was a comprehensive scheme for the complete furnishing and equipment of a hostel at an overall figure estimated at £1,700. To these recommendations the Health Committee and the County Council gave their subsequent approval.

**Public Assistance Institutions.**—**SURVEYS OF RESIDENTS AND OF ACCOMMODATION, ETC.**—From the appointed day, all former Public Assistance Institutions (save those at Garstang and Lancaster) in the Administrative County became vested in the Minister, and the property of the Regional Hospital Boards concerned. The latter are responsible for the care of the *sick* in the hospital beds so transferred. As regards the non-sick inmates, the Regional Hospital Board allocated accommodation in each institution to the local authority to enable the latter to carry out their functions under section 21.

It was realised by all concerned that a large proportion of the inmates of former Public Assistance Institutions had become so used and acclimatised to institutional life that many would be unsuitable for the life of a smaller hostel, or would be unwilling to change or adapt themselves to it; and reviews were carried out before the appointed day to assess how many inmates could be judged suitable for immediate transfer to hostel life or might become capable of adaptation to it. Of 1,276 inmates of both sexes, some 400, it was believed, might prove suitable for transfer to hostels. For the numerically substantial residue not so adaptable, the improvement of their existing accommodation in the former Public Assistance Institutions allocated to the local authority by the Regional Hospital Board concerned, was considered no less important.

The latter accommodation though often overcrowded, unsuitable and in need of adaptations, at least existed, and the "resident" had accommodation of a kind. Several perplexities as to administration had yet to be gone into—the precise amount and location of the non-sick accommodation allocated in each former Public Assistance Institution, the terms of agreement as between the Regional Hospital Board and local authority as to its use and administration, the statutory separation of staff for the care of sick and non-sick, the structural and decorative adaptations required, and which authority was to be financially responsible for carrying them out.

As these important principles could not be decided without much care, and as the primary conception was the provision of hostels (the provision of which would in turn relieve overcrowding of allocated accommodation), it became the policy of the Health Committee to turn their attention to hostels first, and even before the appointed day properties were being inspected for acquisition and use as hostels.

Former Public Assistance Institutions and their accommodation were reviewed at length with representatives of the Regional Hospital Boards, and the administrative problems were discussed until agreement in principle and even in many details was within sight. Each institution was visited and arrangements were made for joint surveys "on the ground" to be made by officers of the Council and of the Regional Hospital Boards early in 1949.

**Accommodation Provided.**—Particulars of accommodation provided during the period 5th July to 31st December, 1948, in hostels, former public assistance institutions, establishments of voluntary organisations, etc., are given in Tables 19 to 23. pages 185 to 189.

#### WELFARE OF HANDICAPPED PERSONS

Prior to the 5th July, 1948, County Councils and County Borough Councils, whether in combination with any other Council or Councils or otherwise, were empowered by the Blind Persons Acts, 1920 and 1938, to make arrangements for promoting the welfare of blind persons ordinarily resident within their area, and such Councils could, for this purpose, provide and maintain or contribute towards the provision and maintenance of workshops, hostels, homes or other places for the reception of blind persons.

As from the 5th July, 1948, local authorities were given power under section 29 of the National Assistance Act, 1948, to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially and permanently handicapped by illness, injury or congenital deformity, or such other disabilities as may be prescribed by the Minister.

The arrangements made by the County Council for promoting the welfare of persons referred to in the previous paragraph are carried into effect in accordance with a scheme approved by the Minister of Health. The welfare of blind persons has been a duty of local authorities for many years and the blind welfare arrangements in the Administrative County area are so comprehensive that the scheme submitted to the Minister consisted of little more than a statement of the arrangements in force.



The scheme which is reproduced on pages 95 to 101 is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947".

**Blind Persons.**—During the year under report, the main effort of the County Council was directed towards the registration of blind persons and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special Workshops for the Blind or at home, arrangements for the marketing of their produce, the provision of hostel accommodation for certain blind persons and the promotion of the general social welfare of all registered blind persons.

At the end of 1948 there were 4,044 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For the purpose of comparison, the corresponding figures for the preceding year are also given:—

Year	Age in years						Total—all ages
	0—	5—	16—	21—	40—	60—	
1947	9	62	54	353	928	2,458	3,864
1948	6	67	43	357	891	2,680	4,044

Of the special workshops employing blind persons under arrangements with the County Council, there were fourteen at the end of the year under report and the number of persons so employed was 188. There were, in addition, 53 blind persons employed in the Home Workers' Scheme and supervised on behalf of the County Council by fourteen Agencies for the Blind.

Throughout the year the County Council consulted regularly with registered voluntary organisations and other bodies concerned with a view to ascertaining the need for any extension or improvement of the services provided.

The more detailed arrangements in connection with the welfare of blind persons are given on pages 95 to 101 in the Scheme of the County Council under sections 29 and 30 of the Act.

**Partially-Sighted Persons.**—For the purposes of the County Council's Scheme, a partially-sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

Subsequent to the approval of the scheme by the Minister of Health on the 29th March, 1949, a register has been established and maintained in which such persons, ordinarily resident in the County area, are entered and classified and, in such cases and to such an extent as the County Council consider necessary or desirable, the services and facilities provided in respect of blind persons are made available to them.

**Deaf or Dumb Persons.**—At a conference of representatives of the County Council and County Borough Councils in Lancashire, agreement was reached on the following lines:—

*Registration.*—Deaf persons whose names are now included on the register of an agency for the deaf should be accepted without examination by local authorities for inclusion on their register of deaf persons.

New cases making application to be included on the register of deaf persons maintained by local authorities should, for the time being, only be regarded as deaf if after any necessary correction they have a hearing loss of 60 or more decibels as measured by the pure tone audiometer.

*Local Authority Representation.*—Provision should be made for local authority minority representation on the committees of the various agencies for the deaf.

*Readjustment of Areas.*—The retention for the time being by the Deaf and Dumb Societies of the areas for which they have been responsible over a period of years.

*Financial Arrangements.*—The contributions to the several Deaf and Dumb Societies to be on the basis of £3 for each deaf and dumb person over sixteen years of age at present on their registers, and for new cases added to the register during the course of the current financial year a proportionate fraction of £3 should be payable according to the date of registration. In respect of Societies whose funds are low, immediate payments on account at the rate of £3 a case should be made.

It was agreed that for the financial year 1949/50 the County Council should make a payment to the Deaf and Dumb Societies as follows:—

<i>Deaf and Dumb Society</i>	<i>Number of deaf and dumb persons</i>	<i>Amount payable on the basis of £3 in respect of each deaf and dumb person</i>
		£
Blackpool .....	40	120
Bolton, Leigh and District .....	127	381
Burnley and District } .....	175	525
East Lancashire } .....		
North Lancashire } .....		
Carlisle (Barrow) .....	16	48
Liverpool .....	60	180
Manchester .....	178	534
Oldham .....	41	123
Rochdale .....	51	153
Southport .....	21	63
St. Helens .....	19	57
Warrington .....	27	81
Wigan .....	71	213
	<hr/> 826	<hr/> £2,478

**Disabled Persons (Employment) Act, 1944.**—Records are maintained by the County Council of blind persons who are registered under the Disabled Persons (Employment) Act, 1944.

**Handicapped Classes, other than Blind, Partially-Sighted, and Deaf or Dumb Persons.**—A survey is being carried out by the County Council of the needs of the County area in relation to the provision of appropriate welfare services for classes of handicapped persons other than the blind, the partially-sighted and the deaf or dumb.

#### RECEPTION CENTRES.

Reception centres for persons without a settled way of living are maintained on behalf of the National Assistance Board at Lancaster and Chorley, in accordance with section 17 of the National Assistance Act (Part II) whereby the Board requires the Council to exercise on behalf of the Board the Board's functions of providing and maintaining such centres, the Council's approved expenditure in this connection being recoverable from the Board.

#### SCHEME FOR THE EXERCISE OF THE COUNCIL'S FUNCTIONS UNDER SECTION 21.

*(As approved by the Minister of Health on the 3rd March, 1949)*

The Lancashire County Council, in exercise of their duty under section 21 of the National Assistance Act, 1948, hereby make the following scheme to be administered by the Health Committee of the County Council in accordance with the "The Lancashire County Council Divisional Health Administration Scheme, 1947".

#### INTRODUCTORY.

1.—The total estimated mid-1947 population of the area of the Council is 1,959,160.

2.—The numbers of aged, infirm and handicapped persons in the area for whom accommodation is required are estimated to be as follows:—

(a) Aged .....	1,563
(b) Physically and Mentally Infirm .....	1,557
(c) Blind and Partially-Sighted .....	154
(d) Deaf or Dumb .....	77
(e) Epileptics .....	316
(f) Crippled .....	164



3.—The estimates contained in the preceding Article have been arrived at as follows:—

	Aged.	Physically and Mentally Infirm.	Blind and Partially Sighted.	Deaf or Dumb.	Epileptics	Crippled.
(a) Number of persons for whom accommodation is at present being provided .....	563	557	104	52	216	114
(b) Allowance for growing demand for accommodation. (Estimated figures) .....	1000	1000	50	25	100	50
	1563	1557	154	77	316	164

NOTE.—There are no waiting lists in existence, but experience has indicated that there are many aged, infirm and handicapped persons who are not willing to be admitted to former Public Assistance Institutions, but who will seek accommodation in Homes provided specifically for such people when these are available.

4.—In so far as the Council do not provide accommodation in accordance with this Scheme in premises managed by them, or in premises to which Paragraph 8 of the Sixth Schedule to the Act applies, they may do so by arrangement with any other Local Authority for the purpose of Part III. of the Act or with any voluntary organisation.

5.—In addition to providing residential accommodation for persons who are ordinarily resident in the area of the Council and for other persons who are in urgent need thereof, the Council may exercise their powers under Sub-Section (4) of Section 24 of the Act as respects persons ordinarily resident in the area of another Local Authority.

6.—The Council shall provide the accommodation and services specified in Part I. of this Scheme and shall, as soon as practicable, modify, improve and develop them and provide further accommodation and services in accordance with Parts II. and III. of the Scheme.

7.—Nothing in this Scheme shall preclude the Council from discontinuing the provision of accommodation in any establishment if, and when, they have made other and more suitable arrangements for the accommodation of the residents thereof.

#### PART I.—EXISTING SERVICE.

##### PARTICULARS OF EXISTING ACCOMMODATION.

8.—Particulars of the residential and temporary accommodation now provided by the Council, and of the amenities provided therein, are contained in the Schedules A. to F. to this Scheme.

##### SERVICES, AMENITIES AND REQUISITES.

##### *Medical Attention.*

9.—Where the accommodation referred to in Article 8 of this Scheme is provided in premises managed by the Council or in premises to which Paragraph 8 of the Sixth Schedule to the Act applies the Council shall make adequate arrangements—

- (i) for the accommodation and nursing of residents during illnesses of a kind which are ordinarily nursed at home ;
- (ii) for enabling residents to obtain the benefit of any of the services provided under the National Health Service Act of which they may, from time to time, be in need; and
- (iii) for the supervision of the hygiene of their accommodation.

##### *Other Services, etc.*

10.—There shall be provided, as part of any accommodation provided in premises managed by the Council or in premises to which Paragraph 8 of the Sixth Schedule to the Act applies, such services, amenities and requisites as the Council may, from time to time and in any particular case, decide are necessary, including:—

- (i) board;
- (ii) recreational facilities such as reading matter, wireless, cinema and other entertainments and outings;
- (iii) where desired by residents, clothing suitable to their individual requirements;
- (iv) where desired by residents, extra comforts such as tobacco and sweets;
- (v) adequate opportunities for religious worship and for participation in activities in which residents are individually interested; and
- (vi) reasonable facilities for residents to move freely in and outside the establishments and to visit and be visited by their friends and relatives.

11.—Arrangements made with any other Local Authority or with any voluntary organisation for the provision of accommodation on behalf of the Council, in accordance with this Part of this Scheme, shall be such as to ensure that the services, amenities and requisites available to residents in accommodation so provided are on the whole not less favourable than those enjoyed by residents in similar accommodation provided in premises managed by the Council.

## PART II.—DEVELOPMENTS CONTEMPLATED DURING THE PERIOD TO 31ST MARCH, 1950.

### PROVISION OF RESIDENTIAL ACCOMMODATION IN SMALL HOMES.

12.—The Council shall take every practicable step to provide further residential accommodation to meet the needs of persons to whom Section 21 of the Act applies, including the need for accommodation in small homes for suitable persons resident in former Poor Law premises which are not capable of being satisfactorily improved in accordance with Article 18 of this Scheme.

13.—The Council shall provide such further accommodation either by the acquisition and (where necessary) adaptation of existing premises, or, to such extent as the availability of building labour and material permits and the Minister of Health approves, by the erection of new buildings. Except where the Council consider it necessary otherwise to provide accommodation for any class of persons in need of specialised accommodation and care, such further accommodation shall, as far as may be practicable, be provided in the form of homes for approximately 30-35 persons, and shall comprise bedroom accommodation for married couples, as many single bedrooms as possible and a dining room and sitting rooms for the use of the residents. The Council shall provide as part of any further accommodation the services, amenities and requisites referred to in Articles 9 and 10 of this Scheme.

#### *Accommodation Provided by other Local Authorities and by Voluntary Organisations.*

14.—The Council shall, to such extent as may be necessary and expedient, extend their arrangements and make further arrangements with other Local Authorities for the purposes of Part III. of the Act and with voluntary organisations for the provision of further residential accommodation on behalf of the Council. In so doing, the Council shall have particular regard to the needs of classes of persons requiring specialised accommodation and care not immediately available to them in premises managed by the Council. Article 11 of this Scheme shall apply to any arrangements extended or made in accordance with this Article.

#### *Accommodation in Premises Managed by the Council.*

15.—The following properties have been acquired by the Council to provide additional residential accommodation and are, at present, in process of being adapted to accommodate the number of persons indicated, *viz.*:—

Property.	Total number of Residents (Both Men and Women).
Stanley Villas, 68 Albert Road, Colne .....	15
"Hazelhurst", Bolton Road West, Ramsbottom .....	20 (male)
"Claremont", 78 Windsor Road, Oldham .....	20 (female)
Hill Top, Manchester Road, Accrington .....	16
Holme Lea, Astley Road, Stalybridge .....	20

For the said purpose the Council shall endeavour by 31st March, 1950, to provide up to 25 to 30 further establishments of which the following are in various stages of acquisition and/or adaptation:—

Name.	Number.	Sex.
Olive House, Bacup .....	14	—
Brooklyn, Rochdale Road East, Heywood .....	20	—
Glendene, Clayton-le-Dale, Wilpshire .....	20	—
Redcliffe, Hilton Lane, Prestwich .....	20	Double house, both sexes.
Marbenthe, Marine Terrace, Waterloo .....	12	—
Norcross, Carleton, near Blackpool .....	30	—
98 and 100 Talbot Road, Old Trafford .....	28	Double house, both sexes.

It is proposed that the further provision of premises shall be principally by the acquisition and/or adaptation of existing buildings but the possibility of new buildings and the type and lay-out of such new buildings is under consideration.



The premises acquired will be allocated to males or females, married couples, or the joint use of males and females according to need and to the type and situation of the premises acquired from time to time.

#### PROVISION OF TEMPORARY ACCOMMODATION.

16.—The Council shall, from time to time, review the temporary accommodation provided under Part I. of this Scheme and modify the provision so made in such manner as the Council may consider to be appropriate.

17.—The Council shall make arrangements whereby they are enabled to hold in reserve the use of certain buildings to serve as temporary accommodation to meet exceptional circumstances, such as flooding, and to provide shelter for other persons in urgent need thereof in circumstances which could not reasonably have been foreseen or in such other circumstances as the Council may in any particular case determine. The following establishments have already been provisionally ear-marked for this purpose, namely:—

Name and Situation of Property.	Approximate number of persons capable of being accommodated.
The British Legion Club, Copse Road, Fleetwood .....	175
St. Patrick's R.C. Hall, Higher Walton Road, Walton-le-dale .....	200
Brownedge Hall, Bamber Bridge .....	200
R.C. Hall, Tardy Gate .....	100
Methodist Church Hall, Wilsons Lane, Litherland .....	35
St. Phillip's Mission Hall, Sefton Road, Litherland .....	90
English Martyrs R.C. Church Hall, School Lane, Litherland .....	200
Linacre Road Methodist Mission, Litherland .....	160

This reserve accommodation shall, so far as the Council are able so to arrange, be continuously available and kept in order. The Council shall take steps to ensure that any stores and equipment necessary to bring such accommodation into use are available at short notice.

#### IMPROVEMENT OF EXISTING ESTABLISHMENTS.

18.—The Council shall, where necessary, and so far as building restrictions and other circumstances permit, improve establishments providing residential or temporary accommodation which are for the time being under their direct control, and shall continue to take all such steps as may be practicable to ensure the improvement of other establishments or parts thereof in which residential or temporary accommodation is provided by the Council. These improvements shall include the provision of additional services, amenities and requisites of the kind specified in Articles 9 and 10 of this Scheme, and such matters as the division of large rooms so as to provide smaller sitting rooms and bedrooms, including single rooms and rooms for married couples, modifications of ablution facilities necessary to secure privacy, the substitution of small dining tables for long tables, the re-decoration of rooms and corridors in brighter colour schemes, the introduction of attractive and interesting pictures, the provision of handrails at the bath side and at both sides of staircases and corridors, the provision of comfortable chairs, according to the varying needs of the residents, the laying of non-skid floor surfaces or coverings where practicable, and the installation of the requisite number of baths of the "sitting" type, and generally of furnishings of a home-like character, including any furnishings which it may be practicable to allow residents themselves to provide.

Specific proposals made by the appropriate Divisional Health Committees, after a review of existing accommodation, will be implemented.

#### PART III.—FURTHER ACCOMMODATION CONTEMPLATED AFTER 31ST MARCH, 1950.

19.—The Council shall keep under constant review the accommodation and services provided in accordance with this Scheme and shall continue to improve them and to provide further accommodation and services in manner provided by Part II of the Scheme. In particular they shall use their best endeavours to complete any necessary improvements of existing accommodation and services by the 31st March, 1954, and with the object of meeting the total estimated needs of the area of the Council as soon as may be, it is the intention of the Council to provide further hostel accommodation, provisionally on the basis of a minimum of two hostels in each of the 17 Divisions of the County.

Properties suitable for adaptation as hostels will be acquired as and when available, and as it is unlikely that a sufficient number of premises capable of accommodating 30-35 residents will be forthcoming, it is proposed to acquire medium sized houses initially capable of accommodating 12-20 residents and staff and which lend themselves to extension by temporary or permanent annexes to provide sleeping accommodation for a further 10-12 residents.

With a view to the early implementation of the County Council's proposals, a number of hostels of the smaller type will be opened during 1949-50, and the extensions referred to will be put in hand according to needs and as labour and materials permit.

Former Public Assistance Institutions now vested in the Regional Hospital Boards at which accommodation has been allocated to the Lancashire County Council under the provisions of Paragraph 8 of the Sixth Schedule to the National Assistance Act, 1948, for the purposes of Part III of that Act.

Name and Address of Establishment	Type of Resident for Whom it is to be used, and whether for One or Both Sexes See Note (b)	Approximate Age of Premises in Years	Amount of Accommodation				Staff. Approximate Number See Note (d)	Standard Charge for accommodation per week	Particulars of any Joint Arrangements with other Local Authorities
			Men	Women	Married Couples	Children			
See Note (a)									
The Institution, Ulverston	See Note (b)	110	31	22	—	3	2	42/-	None
Parkside Institution, 2 Quernmore Road, Lancaster	Do.	Original building 150 Extension 100	61	50	—	—	10	42/-	None
Wesham Park Hospital, Wesham	Do.	40	71	83	2	20	5	42/-	Cases received from Blackpool County Borough under "User" Agreement. Approximate number of such cases is 70
The Institution, Leazes Lane, Chorley	Do.	77	69	26	—	—	9	42/-	None
Coplow View, Clitheroe	Do.	76	38	—	—	—	2	42/-	None
The County Hospital, Wigan Road, Ormskirk	Do.	75	64	45	—	—	10	42/-	Cases received from Southport County Borough under "User" Agreement. Approximate number of such cases is 35
Moorlands, Rawtenstall	Do.	90	54	28	—	19	7	42/-	None
County Hospital, Bury (Formerly Jericho Public Assistance Institution)	Do.	90	79	97	—	—	12	42/-	Cases received from Bury County Borough under "User" Agreement. Approximate number of such cases is 75
Whiston Institution, Warrington Road, Whiston	Do.	85	66	47	—	34	27	42/-	Cases received from St. Helens County Borough under "User" Agreement. Approximate number of such cases is 70
Atherleigh Home, Leigh Road, Leigh	Do.	40	100	82	—	32	8	42/-	None
Green Lane Institution, 31 Green Lane, Patricroft	Do.	55	54	40	—	—	30	42/-	None
County Institution, Ashton-under-Lyne (Formerly known as Darnley House Institution)	Do.	85	80	60	—	—	11	42/-	Cases received from Cheshire County Council under "User" Agreement. Approximate number of such cases is 25

(See following page for explanatory notes.)



## EXPLANATORY NOTES

*(Schedule "A")**(a) Names and Addresses of former Public Assistance Institutions.*

These are at present being considered with the object of finding names which bear no reference to the public nature of the accommodation.

*(b) Type of Resident.*

Except in the case of Coplow View Institution, Clitheroe, which will be used for male aged and infirm only, the accommodation will, in all instances, be used for aged, infirm and handicapped persons and persons requiring temporary accommodation, and for both sexes.

*(c) Range of Services, Requisites and Amenities to be provided and Arrangements for Medical and Nursing Care.*

The range of services are those normally to be found at a general mixed Institution. The following amenities, with slight variation, are common to the establishments set out in the Schedule:—

Full needs, including clothing and extra comforts in the shape of tobacco and sweets.

Provision of daily papers, books and periodicals.

Cinema entertainment, either at the establishment or by way of organised parties to local cinemas, wireless and outings.

Games, such as dominoes, draughts and cards.

Residents able and willing to do so assist in the day-to-day running of the establishments by the voluntary performance of light duties, and at some of the establishments there is occupational therapy, such as rug-making, sewing and gardening. There are visits by Voluntary and Religious Organisations, some of which provide entertainments.

There are adequate opportunities for religious worship and reasonable freedom for residents to come and go and to visit or be visited by friends and relatives.

The Divisional Medical Officer appointed under the County Council's Divisional Health Scheme is responsible for the medical supervision and hygiene of all accommodation provided or managed by the County Council under Part III. of the National Assistance Act which is situated within his Division.

Nursing attendance during illnesses which are ordinarily nursed at home is available in the Part III accommodation, and when the condition of a resident renders it necessary, transfer to that portion of the establishment under the management of the Regional Hospital Board may be readily arranged and carried out, or if this is not appropriate, the resident is transferred to a hospital suitable for his or her condition at the discretion of the Regional Hospital Board.

All residents have been given the opportunity to register under the National Health Service Act with a medical practitioner of their choice, but in a number of instances all the residents in an establishment have elected to place themselves on the panel of the practitioner who attends as Visiting Medical Officer that part of the establishment under the management of the Regional Hospital Board, and have been accepted by that practitioner.

The Divisional Committees and the Welfare Committee are at present actively engaged in consideration of improvement of amenities on the lines suggested in the Ministry's Circular 49/47.

*(d) Staff.*

The numbers of staff shown are those who are wholly engaged on duties in connection with the non-sick, but in some instances a number of other members of the staff are employed in a dual capacity for the sick and non-sick, or on services common to both. In all instances, supervision is carried out by the Steward or Master and/or Matron. The staffing position is at present being reviewed with the object of a more precise allocation of staff between sick and non-sick.

# SCHEDULE "B"

## LANCASHIRE COUNTY COUNCIL—HOMES FOR OLD PEOPLE.

Name and Address of Establishment	Type of Resident for Whom it is to be used, and whether for One or Both Sexes	Approximate Age of Premises in Years	Amount of Accommodation				Staff		Standard Charge for accommo- dation per week
			Men	Women	Married Couples	Number of Bedrooms and Number of Residents Accommodated in each Bedroom	Approximate No.	Senior Staff Employed	
The Limes, Chorley Road, Standish, near Wigan	Aged women	90	—	25	—	2 bedrooms for 6 persons 1 bedroom for 5 persons 2 bedrooms for 3 persons 1 bedroom for 2 persons	4	Warden (female)	42/-
Burtholme, Chorley Road, Worthington, near Wigan	Aged men	90	21	—	—	2 bedrooms for 5 persons 2 bedrooms for 4 persons 1 bedroom for 3 persons	3	Warden (female)	42/-
Springfield, Heywood	Aged men	70	26	—	—	1 bedroom for 7 persons 2 bedrooms for 5 persons 2 bedrooms for 4 persons 1 bedroom for 1 person	5	Man and wife as joint Wardens	42/-
Oaklands, Milnrow	Aged women	35	—	12	—	2 bedrooms for 4 persons 1 bedroom for 3 persons 1 bedroom for 1 person	3	Warden (female)	42/-
The Institution, Garstang (Change of name at present under consideration)	Aged and infirm of both sexes	100	34	30	—	6 male dormitories for 4, 4, 6, 6, 6 and 8 persons 6 female bedrooms and dormitories for 2, 4, 4, 6, 6 and 8 persons	12	Matron (S.R.N., S.C.M.)	42/-



## EXPLANATORY NOTES

(Schedule "B")

*Range of Services, Requisites and Amenities to be provided and Arrangements for Medical and Nursing Care.*

The range of services and amenities at these establishments is as follows:—

Full needs, including clothing and extra comforts in the shape of tobacco and sweets.

Provision of daily papers, books and periodicals.

Games, such as dominoes, draughts and cards; wireless and outings.

At The Limes, occasional cinema shows are provided. Residents able and willing to do so assist in the day-to-day running of the establishments by the voluntary performance of light duties, and at some of the establishments there is occupational therapy such as rug-making, sewing and gardening.

There are visits by Voluntary and Religious Organisations, some of which provide entertainments.

There are adequate opportunities for religious worship and reasonable freedom for residents to come and go and to visit or be visited by friends and relatives.

The Divisional Medical Officer appointed under the County Council's Divisional Health Scheme is responsible for the medical supervision and hygiene of all accommodation provided or managed by the County Council under Part III. of the National Assistance Act, which is situated within his Division.

Nursing attendance during illnesses which are ordinarily nursed at home is available in these Homes, and when the condition of a resident renders it necessary, arrangements are made with the appropriate Hospital Authority for admission of the resident to a Hospital suitable to his or her condition.

All residents have been given the opportunity to register under the provisions of the National Health Service Act with a medical practitioner of their choice, but at The Limes and Burtholme all the residents chose the same local doctor, who now holds a weekly surgery at each of those places and is otherwise available on call.

*Particulars of any Joint Arrangements with other Local Authorities.*

There are no joint arrangements with other Local Authorities in respect of these Homes. A small number of cases chargeable to other Local Authorities prior to 5th July, 1948, is still maintained therein on behalf of these Local Authorities.

## SCHEDULE "C"

Former Public Assistance Institutions now vested in the Regional Hospital Boards at which accommodation has been allocated under the provisions of Paragraph 8 of the Sixth Schedule to the National Assistance Act, 1948, for the purposes of Part III. of that Act, to the County Borough Councils formerly owning the premises and where cases are received from the Lancashire County Council under "User" Agreement.

County Borough Council Managing Accommodation, i.e., to which accommodation is allocated	Name and Address of Establishment	Approximate number of Lancashire County Council Cases Maintained therein
Blackburn .....	Queen's Park Hospital, Blackburn .....	95
Bolton .....	Fishpool Institution, Farnworth. near Bolton .....	50
Burnley .....	Primrose Bank Institution, Burnley .....	80
Manchester .....	Park House, Crumpsall .....	10
Oldham .....	Westwood Park Institution, Oldham .....	70
Rochdale .....	South View, Birch Hill, Rochdale. (Formerly Birch Hill Public Assistance Institution).....	20

## EXPLANATORY NOTES

*Type of Case received.*

The Lancashire County Council cases admitted are of all categories. *i.e.*, aged, infirm and handicapped persons and persons requiring temporary accommodation, and are of both sexes.

*Staff and Amenities.*

Details of the accommodation, staff and amenities of these premises which are common to both the County and the County Borough cases, will have been or will be submitted to the Minister in their schemes by the County Borough Councils managing the accommodation.

## SCHEDULE "D"

Establishments owned and administered by County Borough Councils under Part III of the National Assistance Act, 1948, into which Lancashire County Council cases are received and maintained under "User" Agreement:—

County Borough Council owning and Managing Establishment	Name and Address of Establishment	Whether for one or both Sexes	Type of Resident or Case received	Approximate Number of Lancashire County Council Cases Maintained therein
Liverpool .....	Kirkdale Homes, Liverpool .....	Both .....	Aged, infirm and handicapped	30
Manchester .....	Langho Epileptic Colony, Langho, near Blackburn	Both .....	Sane epileptics .....	135
Preston .....	Preston Institution, Fulwood	Both .....	Aged, infirm and handicapped persons and persons requiring temporary accommodation	30
Warrington .....	Whitcross Homes, Warrington (formerly Whitecross Public Assistance Institution)	Both .....	Aged, infirm and handicapped persons and persons requiring temporary accommodation	30
Wigan .....	Welfare Home, Frog Lane, Wigan (formerly Frog Lane Public Assistance Institution)	Both .....	Aged, infirm and handicapped persons and persons requiring temporary accommodation	35

## NOTE

Details of the accommodation at these premises and of the staff and amenities thereof which are common both to the County and the County Borough cases, will have or will be submitted to the Minister in their schemes by the County Borough Councils owning and managing the premises.

## SCHEDULE "E"

Cases chargeable to the Lancashire County Council in other Local Authority Establishments prior to 5th July, 1948, classified as non-sick cases on that date and in respect of which the Lancashire County Council continue to be responsible in accordance with paragraph 10(2) of the Sixth Schedule to the National Assistance Act, 1948:—

Where Maintained	Authority Managing Accommodation	Number of persons maintained on behalf of the Lancashire County Council
Kirbymoorside Institution .....	North Riding C.C. ....	2
Bowling Park Institution .....	Bradford C.B. ....	1
Old People's Homes, Salford .....	Salford C.B. ....	1



## SCHEDULE "F"

Establishments managed by Voluntary Organisations in which persons are maintained under Agreement on behalf of the Lancashire County Council:—

Voluntary Organisation Managing Accommodation	Name and Address of Establishment	Type of Resident or Case Received	Nature of Agreement or Basis upon which Lancashire County Council Cases are received is in all cases payment of maintenance at the Weekly Rate shown	Number of Persons at present maintained on behalf of Lancashire County Council
The Alexian Brothers .....	St. Mary's Home, St. Mary's Road, Moston, Manchester	Cripples.....	42/-	1
The David Lewis Manchester Epileptic Colony (Office, 38 Barton Arcade, Manchester)	David Lewis Colony, Warford, near Alderley Edge, Cheshire	Epileptic .....	42/-	17
Maghull Epileptic Colony .....	Maghull Epileptic Colony, Maghull, near Liverpool	Epileptic .....	42/-	31
The National Institute for the Deaf (Office, 105 Gower Street, London, W.C.1)	Northern Counties Home for Deaf Women, Richardson House, Barrowford, Nelson	Deaf and Dumb	40/-	3
The Salvation Army .....	Oak Hill, Mandley Park Avenue, Higher Broughton, Salford, 7	Persons requiring care ; Present Lancashire case is a Cripple	25/-	1
The Turner Memorial Home of Rest	The Turner Memorial Home of Rest, Dingle Head, Liverpool, 8	Cripples.....	42/-	1
The Cripple Craft .....	The Cripple Craft, Herne Bay	Cripples.....	43/6	1
Robert Jones and Agnes Hunt Orthopaedic Hospital	Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry	Cripples.....	105/-	1
Derwen Cripples Training Colloge	Derwen Cripples Training College, Oswestry	Cripples.....	30/-	1
Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymm, Cheshire	Cripples.....	70/-	2
Sunbeam Home of Rest .....	Sunbeam Home of Rest, Blackpool	Blind .....	35/-	3
Godfrey Ermen Memorial Home	Godfrey Ermen Memorial Home, Southport	Blind .....	50/-	2
Mary Ann Scott Home .....	Mary Ann Scott Home, Southport	Blind .....	36/6	7
Thomas Briggs Lomas Home	Thomas Briggs Lomas Home, Rhyl	Blind .....	36/6	4
Springhill Home .....	Springhill Home, Nelson .....	Blind .....	55/-	8
Oaklands Home .....	Oaklands Home, Pendleton	Blind .....	50/-	8
Westlands Home for Deaf Blind	Westlands Home for Deaf Blind, Harrogate	Deaf Blind .....	58/10	1
Catholic Blind Asylum .....	Catholic Blind Asylum, Liverpool	Blind .....	30/9	1
Elms Home .....	Elms Home, Pendleton .....	Blind .....	50/-	5

## NOTE

In addition to the foregoing, the County Council have at present under consideration a number of applications from Voluntary Organisations maintaining residential establishments for old people, to accept responsibility for the maintenance of residents in those establishments to whom the National Assistance Board have been making allowances in excess of the 26/- per week now permitted by their Regulations, and the Council propose to accept responsibility for the maintenance of such persons whose ordinary place of residence is within the Administrative County area.

The Council propose to extend their arrangements and to make further arrangements with Voluntary Organisations as provided in paragraph 14 of this Scheme.

SCHEME FOR THE PROVISION OF WELFARE SERVICES  
UNDER SECTIONS 29 AND 30 OF THE ACT OF 1948.

(*As approved by the Minister of Health on the 29th March, 1949.*)

The Lancashire County Council, in exercise of their powers under Sections 29 and 30 of the National Assistance Act, 1948, hereby make the following Scheme, under Section 29 of the Act, to be administered by the Health Committee of the County Council, in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947".

PART I. (A.)

ARRANGEMENTS FOR PROMOTING THE WELFARE OF BLIND PERSONS

*Discharge of Functions.*

1.—The Council, in so far as they do not directly discharge their functions under Section 29 of the National Assistance Act, 1948 (hereinafter referred to as "the Act of 1948") in relation to blind persons in accordance with the provisions of this Scheme may do so by arrangement with any other Local Authorities for the purposes of Part III of the Act or any voluntary organisation registered in accordance with Section 41 of the Act of 1948 (hereinafter referred to as "a registered voluntary organisation") on such terms (including terms as to the reimbursement of expenditure incurred by that other Local Authority or voluntary organisation) as may be agreed.

*Blind Population.*

2.—The following statistical summary shows the number of blind persons in the area of the Council (whether ordinarily resident in the area or not) for whom they are providing Welfare Services, and the total number of blind persons registered with the Council who are ordinarily resident in the area of the Council (whether actually residing in the area or not) as at the 31st March, 1948:—

Age-Group	Total Numbers.	Ordinarily Resident.
0—1	1	1
1—5	4	4
5—16	59	59
16—21	46	46
21—40	368	368
40—50	351	350
50—65	864	860
65—70	556	551
70 plus	1,731	1,713
	<u>3,980</u>	<u>3,952</u>

*Accounts.*

3.—The accounts relating to Welfare Services for blind persons which are provided by or on behalf of the Council shall be kept in such form or forms as the Minister of Health may direct. In particular, the accounts relating to Workshops for the Blind and to home workers, whether kept by the Council or by a registered voluntary organisation acting as agent for the Council, shall be kept in the forms suggested in Ministry of Health Circular 262, dated 21st December, 1921, as amended by Part II of Circular 1306, dated 17th March, 1933, or such other forms as the Minister of Labour and National Service, after consultation with the Minister of Health, may direct.

*Registration of Blindness.*

4.—(1) The Council, at their own expense, shall make arrangements for the medical examination of all applicants for registration as blind persons, and, subject to their certification as such in manner hereinafter provided, for their registration and classification. The register shall be kept in such form as the Minister may direct.

(2) No person shall be added to the classified register of blind persons to be kept by the Council until he has been examined and certified to be a blind person by a registered medical practitioner with special experience in ophthalmology.

(3) If, upon the examination of a person by a registered medical practitioner pursuant to the preceding provision of this Article, doubt exists, either on the part of that person or the registered medical practitioner as to whether or not the person should be certified as a blind person, the case shall be referred to a medical referee provided under arrangements with the North Regional Association for the Blind or under such other arrangements as the Minister of Health may from time to time approve.



(4) A registered medical practitioner examining persons for admission to the register of blind persons to be maintained by the Council shall be asked to complete a form, the medical portion of which is identical with Form B.D.S referred to in the Ministry of Health Circular 1353, dated 5th October, 1933.

(5) For the purpose of this Article, the expression "registered medical practitioner with special experience in ophthalmology" means a medical practitioner who devotes his or her whole time to the practice of ophthalmology in all its branches or who is in charge of the Ophthalmic Department of a General Hospital of not less than 100 beds.

Provided that if in any particular case the services of such a practitioner cannot reasonably be obtained the expression shall be deemed to include a medical practitioner who holds a diploma in ophthalmology from a University, the Royal Colleges of Surgeons of England and of Physicians of London, or other examining body recognised by the General Medical Council.

(6) To enable blind persons to have the benefit of the higher scale of National Assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, the County Council shall continue to notify the National Assistance Board of all new registrations of persons who are eligible to receive National Assistance.

*Blind Welfare Services to be provided immediately.*

5.—The following services for blind persons shall be provided immediately:—

(1) *Home Teachers.*

(a) *General.*

The existing arrangements in connection with home teaching and the visiting of blind persons, which work is at present performed by 39 Home Teachers, shall be continued, the number of teachers being varied from time to time as circumstances may require.

(b) *Recruitment and Duties.*

Home Teachers shall be recruited by public advertisement or such other means as may be approved by or on behalf of the Council.

The duties of Home Teachers shall include:—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching them wherever practicable to read embossed literature;
- (iv) instructing them in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) generally assisting in promoting their welfare;
- (vi) advising blind persons of all available social services;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness;
- (viii) organising social centres and classes.

(c) *Qualifications.*

No person shall be appointed by or on behalf of the Council as a Home Teacher unless holding at the time of appointment the Home Teachers' Certificate of the College of Teachers of the Blind or such other qualification as may by regulations be prescribed by the Minister of Health, or not being so qualified undertakes on appointment to train for the purpose of so qualifying.

Provided that the employment of any unqualified Home Teacher, other than a person so employed immediately before the date on which this Scheme comes into force for so long as his employment by the Council continues, shall not be continued beyond a period of two years after appointment.

(d) *Remuneration and other Terms and Conditions of Appointment.*

Qualified and unqualified Home Teachers shall be remunerated in accordance with such scales of salary and on such other conditions of service as the Council shall decide.

(2) *Workshop Employment.*

(a) *General.*

The Council shall continue to arrange for the provision of facilities for the employment of suitable blind persons in special Workshops for the Blind under arrangements made with any other Local Authority for the purpose of Part III of the Act, or with a registered voluntary organisation.

The County Council will retain the right of supervision over Workshops for the Blind at which blind persons from the Administrative County area are employed, and the accounts will be open to inspection at all reasonable times by officers duly authorised by the County Council.

(b) *Types of Employment and Numbers Employed.*

The types of employment and the approximate number of blind persons (both men and women) at present provided with employment of each type are as follows:—

Trade	Men	Women	Totals
Brush Makers .....	45	7	52
Machine Knitters .....	—	39	39
Skip Makers .....	29	—	29
Mat Makers .....	24	—	24
Basket Makers .....	16	4	20
Boot and Shoe Repairers .....	8	—	8
Chair Caners .....	—	6	6
Upholsterers .....	1	3	4
Furniture Makers .....	3	—	3
Canvasser .....	1	—	1
Collector .....	1	—	1
Porter .....	1	—	1
	<u>129</u>	<u>59</u>	<u>188</u>

(c) *Particulars of Workshops.*

Details of the workshops at which these blind persons are employed, pursuant to arrangements made by the Council, and the Authorities or other bodies controlling these workshops are as follows:—

Name of Controlling Body.	Address of Workshops for the Blind.
Blackburn County Borough Council .....	Thornber Street, Havelock, Blackburn.
Blackpool and Fylde Society for the Blind .....	Castlegate, Lytham Rd., Blackpool S.S.
Bolton County Borough Council .....	Marsden Road, Bolton.
Burnley County Borough Council .....	Brunswick St., Todmorden Rd., Burnley.
Fulwood (Preston) Institute for Blind Welfare .....	Lytham Rd., Fulwood, Near Preston.
Liverpool Cornwallis Street Workshops for the Blind	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Asylum .....	Brunswick Road, Liverpool.
Liverpool Hardman Street Workshops for the Blind	Hardman Street, Liverpool.
Manchester Henshaw's Institution for the Blind .....	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind .....	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries .....	Werneth, Oldham.
St. Helens and District Workshops for the Blind .....	Boundary Road, St. Helens.
Warrington, Widnes and District Workshops for the Blind .....	4 Museum Street, Warrington.
Wigan, Leigh and District Workshops for the Blind.....	Darlington Street East, Wigan.

(d) *Remuneration.*

Money payments shall be made to blind persons employed in workshops on such basis as the Council shall decide in consultation with the Authorities or the registered voluntary organisations managing the workshops.

(e) *Ministry of Labour and National Service.*

In order to qualify for the annual capitation grant from the Ministry of Labour and National Service in respect of each blind workshop employee, the Council shall continue to inform the Ministry of Labour and National Service of the name and address, date of birth, occupation and registration number under the Disabled Persons (Employment) Act, 1944, of each blind person who commences employment in a Workshop for the Blind and apply to the Ministry of Labour and National Service for approval to classify the blind person as an "Approved Blind Worker".



(3) *Home Employment.*(a) *General.*

The Council shall continue to carry out their existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the County Council, to carry out such work in their homes, occupational centres or elsewhere, *i.e.*, other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff or by arrangement with registered voluntary organisations. In this Scheme, blind persons in this class are referred to as "home workers". A blind person shall not be admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may approve from time to time.

(b) *Types of Employment and Numbers Employed.*

There are 53 blind persons in the Home Workers' Scheme, employed in the following occupations, *viz.*—

Occupation	Men	Women	Totals
Piano Tuners .....	10	—	10
Machine Knitters .....	—	8	8
Braille Copyists and Proof Readers .....	3	4	7
Basket Makers .....	4	—	4
Tea Agents .....	3	1	4
Firewood Dealers .....	3	—	3
Newsvendors .....	3	—	3
Skip Makers .....	3	—	3
Musicians .....	2	—	2
Market Gardeners .....	2	—	2
Boot and Shoe Repairer .....	1	—	1
Chair Seater .....	—	1	1
Confectioner .....	1	—	1
Hand Knitter .....	—	1	1
Mat Maker .....	1	—	1
Newsagent .....	1	—	1
News Reporter .....	1	—	1
	38	15	53

The following Agencies for the Blind supervise on behalf of the County Council the blind persons who are included in Home Workers' Schemes:—

Accrington and District Institution for the Blind.  
 Barrow, Furness and Westmorland Society for the Blind.  
 Bolton Workshops for the Blind.  
 Burnley and District Society for the Blind.  
 Colne and District Society for the Blind.  
 Fulwood (Preston) Institute for Blind Welfare.  
 Liverpool Cornwallis Street Workshops for the Blind.  
 Manchester Henshaw's Institution for the Blind.  
 Manchester National Library for the Blind.  
 Rochdale and District Blind Welfare Society.  
 Rossendale Society for the Blind.  
 St. Helens and District Workshops for the Blind.  
 Warrington, Widnes and District Workshops for the Blind.  
 Wigan, Leigh and District Workshops for the Blind.

(c) *Remuneration.*

Money payments shall be made to home workers, provided that they are not in receipt of National Assistance grants, on such basis as the Council shall decide in consultation with any other bodies concerned.

(4) *Marketing of Produce.*(a) *Workshop Employment.*

In so far as blind persons are for the time being employed in workshops provided by the Council by arrangement with other Local Authorities or registered voluntary organisations, the arrangements made shall include provision by the management of the workshops for the disposal of the produce of the workers. In the event of blind persons being employed in workshops directly provided by the Council appropriate marketing arrangements shall be made by or on behalf of the Council.

(b) *Home Employment.*

The present arrangements whereby the Society for the Blind (being a registered voluntary organisation) undertake the marketing on behalf of the Council or provide assistance to certain blind persons concerned in the marketing of the produce of home workers shall be continued, unless and until otherwise decided by or on behalf of the Council. In so far as these arrangements do not make provision for all the blind persons concerned, the Council shall directly provide the necessary assistance.

The Council shall, directly or under arrangements with registered voluntary organisations, afford any necessary facilities to enable home workers to dispose privately of their produce.

(5) *Hostels.*

The present arrangements under which blind persons engaged in workshops and other blind persons for whom work or training is provided in pursuance of the Disabled Persons (Employment) Act, 1944, live in hostels made available by the Council through the agency of registered voluntary organisations shall be continued and, where necessary or desirable, extended to hostels managed by other similar organisations, the County Council and other Local Authorities for the purposes of Part III of the Act.

Blind resident trainees over 21 years of age from the Administrative County area are accommodated at the undermentioned hostel:—

Name of Voluntary Organisation.	Managing Body.	Address of Hostel.
Manchester Henshaw's Institution for the Blind	Manchester Henshaw's Institution for the Blind	Henshaw's Institution for the Blind, Old Trafford, Manchester.

(6) *Employment in Open Industry.*

(a) The Council shall in consultation with the Ministry of Labour and National Service continue to take steps, in appropriate cases, to ensure that suitable work is found for blind persons in open industry, that is to say, under contracts of service or otherwise in places elsewhere than special workshops.

(b) Where any blind person engaged in work in open industry which he is enabled to perform in consequence of anything done in pursuance of arrangements made under the Blind Persons Acts, 1920 and 1938, or Section 29 (4) (d) of the Act of 1948, or under this Scheme, is unable, by reason of his handicap, to earn amounts comparable to those earned by sighted persons in the same occupation, and the Council are satisfied that there are special circumstances justifying such action, the Council may make a money payment to that blind person of such an amount and for such period as the Council may from time to time determine to be appropriate in the particular case.

(7) *General Social Welfare of the Blind.*

The Council shall continue to promote the general social welfare of blind persons by the provision of all necessary services either directly or by arrangement with the County Associations for the Blind or other registered voluntary organisations, as the Council may from time to time decide, including the taking of such steps as may be necessary to ensure that blind persons are assisted to obtain any general and preventive medical treatment, the provision of embossed literature, social and handicraft centres, facilities for holidays at holiday and re-habilitation homes or elsewhere, pastime occupations, concerts, recreational facilities and lectures, and may provide all such other lawful things whatsoever for the carrying into effect of this Scheme.

In addition to the Workshops and Societies for the Blind mentioned under the headings "Workshop Employment" and "Home Employment", the undermentioned Agencies for the Blind supervise blind persons on behalf of the County Council, with a view to promoting their general social welfare:—

Ashton-under-Lyne and District Society for the Blind.

Blackburn and Darwen Society for Visiting and Instructing the Blind.

Heywood and Whitefield Blind Welfare Society.

Manchester and Salford Blind Aid Society.

Oldham Blind Welfare Sub-Committee.

*Training Facilities for Blind Persons.*

6.—The Council shall continue to take such steps as may be necessary, either directly or by arrangements with other Local Authorities for the purposes of Part III of the Act, or registered voluntary organisations to ensure the provision of suitable training under the Education Act, 1944, or under the Disabled Persons (Employment) Act, 1944, for blind persons who are capable of benefiting from such training.



*Children.*

7.—The Council shall continue to take such steps as may be necessary to satisfy themselves that blind children are dealt with under the Education Act, 1944, the National Health Service Act, 1946, or Children Act, 1948, as may be appropriate.

*Further Development of Welfare Services for the Blind.*

8.—The Council, in consultation with registered voluntary organisations and other bodies concerned, shall keep under review during the period ending on the 31st March, 1954, and thereafter from time to time examine the services provided under Sections 29 and 30 of the Act, in accordance with the provisions of this Scheme, with a view to ascertaining in particular the need for extensions to workshops, the provision of hostel accommodation for blind workers, additional social clubs and recreational facilities and the employment of additional qualified Home Teachers.

In the light of such review or examination the Council shall, with the approval of the Minister of Health, make any adjustments to, or extensions of, the welfare services for blind persons (not being adjustments or extensions for which provision is made in this Scheme) which the Council may from time to time consider to be necessary or desirable.

*Blind Persons in Hospitals, etc.*

9.—Where a blind person in relation to whom the Council are exercising functions under Section 29 of the Act of 1948 enters a hospital, hostel, home managed by a voluntary organisation or any similar institution not under the management of the Council or any Local Authority for the purposes of Part III of the Act of 1948, the Council shall use their best endeavours to secure such arrangements with the body managing any such institution as may be considered necessary or expedient with a view to ensuring the continued promotion by the Council of the welfare of the person.

*Scope.*

10.—This part of this Scheme shall apply to the Council in relation to the exercise of any of their functions under Section 29 or 30 of the Act of 1948, in accordance with the provisions of this Scheme as respects any blind person ordinarily resident in the area of the Council and to such extent as may be considered necessary or expedient in relation to the exercise of any such functions of the Council as respects any other blind person.

## PART I (B.)

### ARRANGEMENTS FOR PROMOTING THE WELFARE OF PARTIALLY-SIGHTED PERSONS

*Immediate Provision.*

11.—The services referred to in Articles 13 and 14 shall be provided immediately in relation to partially-sighted persons ordinarily resident in the area of the Council, and may be provided in relation to any other partially-sighted persons.

*Definition of Partially-Sighted Person.*

12.—For the purposes of this Scheme, the expression “partially-sighted person” means a person who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

*Registration.*

13.—The Council shall establish and maintain in such form as the Minister of Health may direct, a register, to be known as the “Observation Register”, in which partially-sighted persons may be registered and classified.

*General Arrangements.*

14.—The Council shall, either directly or by arrangement with other Local Authorities for the purposes of Part III of the Act or registered voluntary organisations, so far as may be practicable and to such extent as may be necessary or desirable, regard being had to the particular needs of individual partially-sighted persons, extend to such persons ordinarily resident in the area of the Council, with the necessary modifications, the arrangement detailed in the following provisions of Part I (A) of this Scheme in relation to the provision of welfare services for blind persons:—

(1) *Registration of Partially-Sighted Persons.*

The provisions of paragraph (1) and (2) of Article 4.

(2) *Home Teachers.*

The provisions of paragraph (1) of Article 5.

(3) *Workshop Employment.*

The provisions of paragraphs (2) (a) and (d) of Article 5.

(4) *Home Employment.*

The provisions of paragraphs (3) (a) and (c) of Article 5.

(5) *Marketing of Produce.*

The provisions of paragraphs (4) (a) and (b) of Article 5.

(6) *Hostels.*

The provisions of paragraph (5) of Article 5.

(7) *Employment in Open Industry.*

The provisions of paragraph (6) of Article 5.

(8) *General Social Welfare.*

The provisions of paragraph (7) of Article 5.

(9) *Training Facilities.*

The provisions of Article 6.

(10) *Children.*

The provisions of Article 7.

(11) *Partially-Sighted Persons in Hospitals, etc.*

The provisions of Article 9.

(12) *Accounts.*

The provisions of Article 3.

*Further Development of Welfare Services for the Partially-Sighted.*

15.—The Council shall keep under constant review the services provided in accordance with the preceding provisions of this part of this Scheme, in consultation with any registered voluntary organisations or other bodies concerned, and shall, with the approval of the Minister of Health, make any adjustments to or extensions of the welfare services for partially-sighted persons (not being adjustments or extensions for which provision is made in this Scheme) which the Council may consider to be necessary or desirable.

## PART II.

## ARRANGEMENTS FOR PROMOTING THE WELFARE OF HANDICAPPED CLASSES, OTHER THAN BLIND OR PARTIALLY-SIGHTED PERSONS.

16.—The Council shall continue to carry out the survey now in progress of the needs of the area of the Council in relation to the provision of appropriate welfare services (including services similar to those provided for in Part I of this Scheme) for classes of handicapped persons, other than the blind and partially-sighted, to whom Section 29 of the Act applies. With a view to meeting these needs, account shall be taken in such survey of the welfare services already available to other classes of persons, the results of discussions which have been opened with voluntary organisations and other bodies concerned and any suggestions which the Minister of Health may make to the Council in this connection.



## SANITARY CIRCUMSTANCES OF THE COUNTY

**Water Supply.**—The populous portions of the Administrative County are well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1948 together with the supplying authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated:—

### LOCAL WATER SUPPLIES

Urban Districts	Authority from which supply is obtained	Source of supply
Abram.....	Liverpool C.B.; Ince-in-Makerfield U.D. (emergency only)	Rivington reservoir; deep artesian wells.
Accrington (B.) .....	Accrington District Gas and Water Board	Moorland and deep wells.
Adlington .....	Manchester C.B.; Blackrod U.D.	Thirlmere; upland surface water and springs.
Ashton-in-Makerfield .....	Own supply; Liverpool C.B.	Leyland Green; Rivington reservoir.
Ashton-under-Lyne (B.) .....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Swineshaw, Chew and Greenfield valleys.
Aspull .....	Bolton C.B.; Wigan R.D.	Upland surface water; deep wells.
Atherton .....	Manchester C.B.; Bolton C.B.	Thirlmere; upland surface water.
Audenshaw.....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Swineshaw, Chew and Greenfield valleys.
Bacup (B.) .....	Own supply	Cowpe.
Barrowford.....	Nelson (B.)	Moorland—Ogden and Coldwell.
Billinge and Winstanley .....	Own supply; Wigan C.B.	Deep wells, disused colliery shafts and quarry workings.
Blackrod .....	Own supply	Upland surface water and springs.
Brierfield .....	Nelson (B.)	Moorland—Ogden and Coldwell.
Carnforth .....	Carnforth Water Company	Moorland—reservoir at Withets.
Chadderton .....	Oldham C.B.; Manchester C.B.; Heywood and Middleton Water Board	Piethorne reservoir; Thirlmere; Ashworth Moor, Knoll Moor and Rooley Moor; all upland surface water.
Chorley (B.) .....	Liverpool C.B.; Manchester C.B.	Rivington reservoir; Thirlmere.
Church .....	Accrington District Gas and Water Board; Oswaldtwistle U.D.	Moorland and deep wells.
Clayton-le-Moors .....	Accrington District Gas and Water Board	Moorland and deep wells.
Clitheroe (B.) .....	Own supply	Grindleton Fell.
Colne (B.) .....	Own supply	Moorland and springs—Laneshaw reservoir.
Crompton .....	Oldham C.B.	Various upland sources.
Crosby (B.).....	Liverpool C.B.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness .....	Barrow-in-Furness C.B.	Upland gathering grounds on adjacent moorlands.
Darwen (B.) .....	Own supply; Bolton C.B.	Upland surface water.
Denton .....	Manchester C.B.	Thirlmere.
Droylsden .....	Manchester C.B.	Thirlmere.
Eccles (B.) .....	Manchester C.B.	Thirlmere.
Failsworth .....	Oldham C.B.; Manchester C.B.	Piethorne reservoir; Thirlmere.
Farnworth (B.) .....	Bolton C.B.	Upland surface water.
Fleetwood (B.) .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Formby .....	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood .....	Own supply; Fylde Water Board	Beacon Fell and Saddle Fell; Grizedale and Stocks valleys.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority from which supply is obtained	Source of supply
Golborne .....	(a) Ince-in-Makerfield U.D.; (b) Newton-le-Willows U.D.; (c) Liverpool C.B.; (d) Warrington C.B.	(a) Deep wells; (b) Five deep wells; (c) Rivington reservoir; (d) Deep wells.
Grange .....	Own supply	Upland surface water—Newton-in-Cartmel.
Great Harwood .....	Accrington District Gas and Water Board	Moorland and deep wells.
Haslingden (B.) .....	Irwell Valley Water Board; Accrington District Gas and water Board	Various upland sources and deep wells.
Haydock .....	Liverpool C.B.	Rivington reservoir.
Heywood (B.) .....	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley .....	Liverpool C.B.	Rivington reservoir.
Horwich .....	Own supply; Blackrod U.D.	Moorland, disused mine shaft and springs.
Huyton-with-Roby .....	Liverpool C.B.	Lake Vyrnwy.
Ince-in-Makerfield .....	Own supply; Liverpool C.B.	Deep artesian wells; Rivington reservoir.
Irlam .....	Manchester C.B.	Thirlmere.
Kearsley .....	Bolton C.B.; Irwell Valley Water Board	Various upland sources and deep well.
Kirkham .....	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B.) .....	Own supply; Manchester C.B. (emergency only)	Moorland surface water—Upper Wyresdale; Thirlmere.
Lees .....	Oldham C.B.	Upland surface water.
Leigh (B.) .....	Liverpool C.B.; Manchester C.B. (emergency only)	Rivington reservoir; Thirlmere.
Leyland .....	Own supply; Manchester C.B.	Boreholes at Whittle-le-Woods; Thirlmere.
Litherland .....	Liverpool C.B.	Lake Vyrnwy.
Littleborough.....	Rochdale C.B.	Moorland reservoirs.
Little Lever .....	Irwell Valley Water Board	Various upland sources and deep well.
Longridge .....	Preston C.B.	Upland surface water.
Lytham St. Annes (B.) .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Middleton (B.) .....	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow .....	Rochdale C.B.; Oldham C.B.	Various upland sources.
Morecambe & Heysham (B.)	Lancaster (B.)	Moorland surface water—Upper Wyresdale.
Mossley (B.) .....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Moorland reservoirs at Swineshaw and Yeoman Hey.
Nelson (B.) .....	Own supply	Moorland—Ogden and Coldwell.
Newton-le-Willows .....	Own supply	Five deep wells.
Ormskirk .....	Own supply; Southport and District Water Board	Deep wells.
Orrell .....	Own supply; Wigan C.B.	Deep wells.
Oswaldtwistle .....	Own supply	Upland surface water and disused mine workings.
Padiham .....	Own supply	Pendle Hill.
Poulton-le-Fylde .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot .....	Liverpool C.B.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B.) .....	(a) Manchester C.B.; (b) Heywood and Middleton Water Board; (c) Irwell Valley Water Board	(a) Thirlmere; (b) Ashworth Moor, Rooley Moor, Knoll Moor; (c) Various upland sources and deep well.
Radcliffe (B.) .....	Irwell Valley Water Board; Bolton C.B.	Various upland sources and deep well.
Rainford .....	St. Helens C.B.	Deep wells.
Ramsbottom .....	Irwell Valley Water Board	Various upland sources and deep well.
Rawtenstall (B.) .....	Irwell Valley Water Board; Bacup (B.)	Various upland sources and deep well.
Rishton .....	Accrington District Gas and Water Board	Moorland and deep wells.
Royton .....	Oldham C.B.	Various upland sources.



LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority from which supply is obtained	Source of supply
Skelmersdale .....	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Standish-with-Langtree .....	Liverpool C.B.; Manchester C.B.	Rivington reservoir; Thirlmere.
Stretford (B.) .....	Manchester C.B.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury (B.) .....	Bolton C.B.; Manchester C.B.	Upland surface water; Thirlmere.
Thornton Cleveleys .....	Fylde Water Board	Moorland water—Stocks and Grizedale.
Tottington .....	Irwell Valley Water Board	Various upland sources and deep well.
Trawden .....	Own supply	Springs—Boulsworth Hill.
Turton .....	Bolton C.B.; Bury Water Board; private wells, etc.	Upland surface water.
Tyldesley .....	Manchester C.B.	Thirlmere.
Ulverston .....	Barrow-in-Furness C.B.	Upland surface water—Pennington reservoir.
Upholland .....	Own supply	Two deep wells at Tontine and Roby Mill.
Urmston .....	Manchester C.B.	Thirlmere and Longdendale.
Walton-le-Dale .....	Manchester C.B.; Preston C.B.	Thirlmere; upland surface water.
Wardle .....	Rochdale C.B.	Moorland sources.
Westhoughton .....	Bolton C.B.	Upland surface water.
Whitefield .....	Irwell Valley Water Board	Various upland sources and deep well.
Whitworth .....	Rochdale C.B.; Bacup (B)	Various upland sources.
Widnes (B.) .....	Own supply	Three deep wells in sandstone.
Withnell .....	Liverpool C.B.	Withnell reservoir.
Worsley .....	Bolton C.B.; Manchester C.B.	Upland surface water; Thirlmere.
<b>RURAL DISTRICTS</b>		
Blackburn .....	(a) Blackburn C.B.; (b) Manchester C.B.; (c) Darwen (B.); (d) Oswaldtwistle U.D.	(a) Brennand; (b) Thirlmere; (c) & (d) upland surface water.
Burnley .....	Own supply; Burnley C.B.; Nelson (B); Accrington (B.); Padiham U.D.	Chiefly upland surface water and springs.
Chorley .....	Manchester C.B.	Thirlmere.
Clitheroe .....	Own supply; Blackburn C.B.; Accrington (B.); Clitheroe (B.)	Moorland and springs.
Fylde .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang .....	Fylde Water Board; Manchester C.B.	Moorland water—Grizedale and Stocks; Thirlmere.
Lancaster .....	(a) Manchester C.B.; (b) Lancaster (B.); (c) Fylde Water Board; (d) Carnforth and District Water Company	(a) Thirlmere; (b) Wyresdale Fells; (c) Grizedale and Stocks; (d) Withets.
Limehurst .....	Ashton-under-Lyne, etc., Waterworks Joint Committee; Oldham C.B.	Chew Valley; various upland sources.
Lunesdale .....	Own supply; Manchester C.B.	Caton; Thirlmere.
Preston .....	(a) Preston C.B.; (b) Manchester C.B.; (c) Fylde Water Board; (d) Fulwood U.D.	(a) Langden Valley; (b) Thirlmere; (c) Grizedale and Stocks; (d) Beacon Fell and Saddle Fell.
Ulverston .....	Own supply; Barrow-in-Furness C.B.; Grange U.D.	Upland surface water—Seathwaite and Pennington; Newton-in-Cartmel.
Warrington .....	Liverpool C.B.; Warrington C.B.; St. Helens C.B.	Rivington reservoir; deep wells and upland surface water; Lake Vyrnwy.
West Lancashire .....	Liverpool C.B.; Southport and District Water Board; St. Helens C.B.; Preston C.B.; Ormskirk U.D.; Upholland U.D.; Wigan R.D.	Rivington reservoir; deep wells and upland surface water.
Whiston .....	Liverpool C.B.; St. Helens C.B.; Widnes (B.); Warrington C.B.	Rivington reservoir; deep wells and upland surface water.
Wigan .....	(a) Own supply; (b) Liverpool C.B.; (c) Blackrod U.D.	(a) Deep wells; (b) Rivington reservoir; (c) upland surface water and springs.

**PUBLIC MAINS SUPPLIES.**—The following table, compiled from the local health reports, shows the approximate number of houses and population receiving water from the public mains (a) direct and (b) by means of stand-pipes.

*Water supplied from public mains*

	Direct to houses		By means of stand-pipes	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts .....	514,939	1,700,119	157	647
Total Rural Districts .....	73,689	260,537	93	302
Administrative County .....	588,628	1,960,656	250	949

With only one or two exceptions, the district reports indicate that the public supplies were satisfactory in quality throughout the year under report. Examinations of piped supplies were carried out in many districts both of the raw water and of the water going into supply after treatment, the frequency of sampling ranging from occasional specimens to regular monthly or weekly examinations. For districts receiving supplies from outside sources, sampling was usually undertaken by the supplying authority. Whilst the quantity of public water supplies was, generally speaking, satisfactory, several districts reported fairly prolonged shortages during the summer and autumn months. Three districts have made arrangements for supplies of water from an additional source for the duration of such emergencies. The balance of supply and demand has undoubtedly been upset in certain districts by the connection during the post-war period of new housing estates to existing mains.

The local authorities appear to have taken appropriate action in all cases where contamination of supplies has been in evidence. Chlorination remained the most widely adopted method of ensuring wholesome supplies, whilst in several districts the liability of the water to plumbo-solvent action required such preventive measures as the use of tin-lined service pipes and treatment of the water before going into supply.

The extensions and improvements to water supplies which were carried out in many districts during 1948 were mainly effected to keep pace with housing developments, but in several instances they related to areas or groups of dwellings previously dependent on private supplies.

**PRIVATE SUPPLIES.**—According to local reports some 13,109 dwellings, housing a population of approximately 42,500, were still dependent upon supplies from wells, springs, etc., at the end of 1948. Of these, 6,450 houses, with a population of 24,200, were to be found in the rural districts of the County. In certain instances sources of private supply appear to have been particularly liable to dry-up during prolonged dry periods. Frequent chemical and bacteriological examinations were carried out in many areas.

**THE RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.**—This Act extended the duties of local authorities by placing on them an obligation to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act, the Minister of Health is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.

During the year 1948, seven schemes involving an estimated capital expenditure of £279,675 were approved by the County Council for submission to the Minister of Health. Of these, three were in respect of the provision of, or extension of, water supplies, one concerned a joint water and sewerage scheme and the remaining three were for works of sewerage and sewage disposal.

During the period also, one water supply scheme was approved by the Minister and one scheme of sewerage and sewage disposal was not approved. Both had been authorised during 1947 for submission to the Minister.



In addition to the above, the Minister approved increased grants in connection with two schemes, one of water supply and one of sewerage and sewage disposal which had, in the previous year, been authorised by the County Council for submission to the Minister.

**THE PUBLIC HEALTH ACT, 1936—SECTION 307.**—One application for financial assistance under section 307 of the Public Health Act, 1936, in respect of a water supply scheme involving an estimated capital expenditure of £2,837 was approved by the County Council during 1948. The Council agreed to make an annual contribution based on  $33\frac{1}{3}$  per cent. of the notional annual loan charge of £135 on a 30 year basis, the position to be reviewed during the financial year ending 31st March, 1949.

**Drainage and Sewerage.**—According to the district reports, progress during the year was again largely confined to improvements and reconditioning of existing plants, renewals of defective drains and sewers and extensions of existing sewerage systems to post-war housing sites. Work on new schemes was commenced in several districts, whilst others have reported that sewerage schemes are being drawn up or are awaiting approval.

The majority of areas or townships in the Administrative County which are without a proper drainage or sewerage system are naturally to be found in the rural districts and are usually so isolated or remote as to make the provision of sewers very difficult and costly.

Under the heading of "Water Supply" above, reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Act, 1944, in connection with works of sewerage and sewage disposal.

In addition, one application for assistance under section 307 of the Public Health Act, 1936, in respect of a sewerage and sewage disposal scheme, involving an estimated capital expenditure of £67,104, was approved by the County Council during 1948. The Council agreed to contribute one-third of the actual loan charges for the financial year 1947/8, the position to be reviewed during the following financial year.

**Rivers and Streams.**—The prevention of pollution of rivers and streams in the Administrative County, which previously was largely under the jurisdiction of the Mersey and Irwell and the Ribble Watershed Joint Committee, is now covered by the provisions of the Lancashire County Council (Rivers Board and General Powers) Act, 1938. The Act provided for the constitution and incorporation of a joint board, known as the Lancashire Rivers Board, consisting of representatives of the County Councils of the Counties of Lancaster, Chester and Derby and the Councils of several County Boroughs, upon which were conferred powers with regard to the prevention of the pollution and obstruction of the rivers, streams and watercourses under its jurisdiction.

The Board was constituted as from 1st April, 1939, and its jurisdiction extends over the whole of the geographical County of Lancaster, excepting the areas comprised within the City of Liverpool and the County Boroughs of Barrow-in-Furness and Bootle.

The public health aspect of the question of the prevention of pollution of rivers and streams is of special importance because of their potentialities as sources of water supply, or on account of their possibilities as sources of pollution of water supplies.

Polluting effluents frequently discharge into streams in industrial areas, and in rural areas ditches often receive the overflow from cesspools and septic tanks and the direct discharges from house drains. In 48 instances, local reports contain references to the action taken during the year to prevent or minimise the pollution of rivers, streams, ditches, etc.

**Closet Accommodation.**—The statement below, compiled from the local health reports, gives some indication of the numbers of the various types of closet accommodation in the Administrative County area at the end of 1948. The number of houses on the water carriage system is approximately 556,000.

*Closet Accommodation at end of 1948*

	Urban districts	Rural districts	Administrative County
Privy middens .....	3,952	8,218	12,170
Privy closets .....	5,644	10,225	15,869
Pail closets .....	11,796	9,939	21,735
Fresh-water closets .....	478,889	57,371	536,260
Waste-water closets .....	69,888	3,286	73,174
Dry ashpits (excluding middens) .....	6,842	1,099	7,941
Movable ashbins .....	522,519	67,672	590,191

The figures below indicate the action taken in the County districts during 1948 to provide the more sanitary types of closet accommodation:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets.....	232	236	468
Privy closets to pail closets .....	25	57	82
Pail closets to fresh-water closets .....	317	189	506
Waste-water closets to fresh-water closets .....	1,030	34	1,064

During the war, programmes of conversion of privy and pail closets to the water-carriage system were held up. Previously, determined efforts had been made by local authorities in this respect and the demolition of property in slum clearance areas was having a beneficial effect. As things become more normal, however, it is to be anticipated that much progress in this direction will be made. Generally speaking, privy and pail closets only exist where no sewers are available.

**Sanitary Inspection.**—The following table gives the number of premises visited during 1948 by local sanitary officials, the defects or nuisances discovered and the action taken. Legal proceedings were instituted in 46 cases with the following results—in 31 cases abatement orders were made; fines were imposed in four cases; costs were secured in three cases where work had already been completed before the hearing; and in five instances the proceedings were withdrawn on abatement. The remaining three cases were dismissed.

*Sanitary Inspections during 1948.*

	No. of premises visited	Defects or nuisances		No. of notices served	
		No. discovered	No. abated	Informal	Statutory
Urban districts .....	215,439	85,970	76,296	38,528	5,560
Rural districts .....	30,666	4,680	3,826	2,675	183
Administrative County .....	246,105	90,650	80,122	41,203	5,743

**Smoke Abatement.**—Although local authorities are not yet as active with regard to the control of nuisance from excessive smoke pollution as in pre-war years, the local reports for 1948 show that, in all, 1,582 observations were taken, an increase of 460 over the previous year. There were reported to be some 2,563 factory and works chimneys in the County area and in those districts where a time limit for the emission of black smoke was in force, such limit varied from 2—6 minutes in the half-hour to 2—10 minutes in the hour.

In most districts the health officials actively co-operated with the managements of the firms in their districts with a view to the abatement of the excessive emission of black smoke and in some instances firms arranged for their firemen to attend classes on boiler-house practice. Other measures taken in various districts included advice to stokers and boilermen, personal interviews with works managers and the installation of various types of up-to-date plant by firms to counteract atmospheric pollution.

Several Medical Officers of Health, however, make note of the difficulties experienced in regard to smoke abatement due to the use of inferior or unsuitable fuel.

**Camping Sites.**—Local authorities are empowered, by section 269 of the Public Health Act, 1936, to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. The section is directed to the control of holiday camping, but could prove useful in dealing with encampments of a more permanent kind sometimes to be found on the outskirts of towns. Structures to which the building bye-laws of the local authority apply are, however, excluded from the scope of the section.

Reference is made in the local reports of 30 districts in the Administrative County to the use of sites for camping purposes during 1948, but certain of these sites were used mainly for short periods, such as week-ends, etc. In no district was the number of campers at any one time during the summer season estimated to be more than 2,000. Licences issued by the several local authorities during 1948 in respect of camping sites totalled 62.

**Swimming Baths and Pools.**—Public swimming baths are stated to be available in 32 of the County districts, and privately owned swimming baths or pools, open to the public, exist in three districts. In most instances, filtration and chlorination plants are installed and regular samples of water taken and submitted for bacteriological examination.



**Disinfestation.**—From information supplied by local Medical Officers of Health it would appear that in 89 districts during 1948 approximately 417 council houses and 1,116 other houses were found to be infested.

The methods of disinfestation varied considerably. Fumigation by means of hydrogen cyanide gas was used to some extent, particularly in cases of bad infestation. Other methods employed included fumigation by sulphur candles and spraying with various liquid insecticides and special germicide preparations. The use of D.D.T. in both liquid and powder form has increased year by year since its commercial preparation began, and is now widespread. Generally speaking, all methods are reported to be efficient.

To ensure that the belongings of tenants were free from vermin before removal to council houses, the local health officials in most instances made thorough examinations of the houses and belongings of tenants, and, in cases where infestation was in evidence, the houses, furniture, bedding, clothing, etc., were suitably disinfested.

Disinfestation entailing the use of hydrogen cyanide gas was invariably carried out by contractors employed by the local authorities, but fumigations with sulphur, spraying with insecticides and treatment of clothing and bedding by steam were usually undertaken by the local authorities' staffs.

The local reports indicate that, in order to prevent infestation or re-infestation after cleansing, the health officers of many districts made periodic inspections and gave personal advice to the tenants.

**Premises and Occupations which can be controlled by Bye-laws or Regulations.**—**OFFENSIVE TRADES.**—Offensive trades were referred to in 57 district reports, the premises numbering 200. These were chiefly tripe boilers, gut scrapers, tanners or leather dressers, fat melters, soap boilers, glue manufacturers, etc.

**RAG FLOCK ACTS, 1911 AND 1928.**—According to the local reports there were in the Administrative County area 24 premises in which rag flock was manufactured, used or sold, the districts concerned being Colne (B.), Crosby (B.), Great Harwood U.D., Lancaster (B.), Leigh (B.), Middleton (B.), Whitefield U.D. and Lancaster R.D. A total of 32 inspections of the premises were made during 1948 by the local health officials in these districts and four samples were taken. All were found to be satisfactory.

**FACTORIES ACT, 1937.**—The following tables are a summary of the action taken during 1948 in all County districts, with the exception of Tyldesley U.D. (where the records are reported to be incomplete), in connection with the administration of Parts I and VIII of the Factories Act, 1937.

## PART I OF THE ACT

### 1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

*(including inspections made by Sanitary Inspectors)*

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities .....	3,036	3,192	128	—
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority .....	7,221	5,798	298	—
(iii) Other Premises in which Section 7 enforced by the Local Authority † (excluding out-workers' premises) .....	274	407	12	—
*TOTAL .....	10,531	9,397	438	—

† i.e., Electrical Stations, Institutions, and sites of Building Operations and Works of Engineering Construction.

\* Excludes Tyldesley U.D.

## 2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1) .....	242	244	1	46	—
Overcrowding (S.2) .....	3	2	1	1	—
Unreasonable temperature (S.3) .....	10	8	1	5	—
Inadequate ventilation (S.4) .....	24	22	1	3	—
Ineffective drainage of floors (S.6) .....	29	29	—	1	—
Sanitary Conveniences (S.7)—					
(a) insufficient .....	148	128	1	65	—
(b) unsuitable or defective .....	387	381	2	193	—
(c) not separate for sexes .....	27	21	—	18	—
Other offences against the Act (not including offences relating to Outwork) .....	95	73	4	13	—
*TOTAL .....	965	908	11	345	—

## PART VIII OF THE ACT

## OUTWORK

(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Sect. 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc. ....	516	—	—	1	—	—
Curtains and furniture hangings .....	4	—	—	—	—	—
File making .....	3	—	—	—	—	—
Umbrellas, etc. ....	1	—	—	—	—	—
Nets, other than wire nets .....	89	—	—	—	—	—
Brush making .....	8	—	—	—	—	—
Carding, etc., of buttons .....	1	—	—	—	—	—
Basket making .....	3	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc. ....	4	—	—	—	—	—
*TOTAL .....	629	—	—	1	—	—

\* Excludes Tyldesley U.D.

COMMON LODGING HOUSES.—According to local reports there were, at the end of 1948, 28 common lodging houses in 18 districts in the Administrative County. Only one is reported upon adversely, its condition being described as “sub-standard”. The majority of the remainder are stated to be “satisfactory”, “fair” or “good”.

HOUSES LET IN LODGINGS.—Reference to this class of accommodation is made in 13 districts although, in view of the present severe shortage of houses and the prevailing economic conditions, it would seem probable that dwellings falling within this category exist in many other districts. However, in the absence of complete up-to-date housing surveys of all districts, it is impossible to assess their number. Most of those reported are said to be maintained in a fairly good condition.

TENTS, VANS AND SHEDS.—Where these exist, regular supervision appears to take place, and in a number of districts steps were taken during the year to remove caravans, etc. In one district legal proceedings were instituted and a fine was imposed. In another, power has been acquired by private legislation to prohibit the stationing of movable dwellings within the district. Several authorities have arrangements for the licensing of such structures for definite periods.

UNDERGROUND SLEEPING ROOMS.—No action is recorded in the local reports with regard to this type of accommodation.

CANAL BOATS.—Inspections of canal boats—59 in number—are reported in six districts; six infringements were noted.



**Re-Inspection of County Districts.**—Following the cessation of hostilities and, subsequently, the appointment of four Assistant County Sanitary Officers in 1946, it was found possible to resume the pre-war practice of undertaking sanitary surveys of the districts within the Administrative County.

During 1948, therefore, five districts were surveyed by the County Sanitary Officers and special reports thereon were submitted to the Public Health and Housing Committee. A resumé of the main conclusions arrived at and the principal recommendations made in respect of each district so inspected are given below:—

**ADLINGTON URBAN DISTRICT.**—The outstanding change since the first special report in 1915 is the conversion of almost all the privies in the district to water closets, thereby abolishing the foul nuisances which had been caused by the collection and disposal of privy contents.

*Principal recommendations.*—The most important need of the district is in regard to the making of private streets and passages. Attention should be paid to improvements to cowsheds and dairies to bring them up to modern requirements.

A routine inspection of all premises used for human habitation should be commenced and particulars recorded as laid down in the Housing (Consolidated) Regulations, 1925 and 1932.

**ASHTON-IN-MAKERFIELD URBAN DISTRICT.**—Mining subsidence is a source of constant concern to the local authority, defects by breakage of sewers and chokage are common occurrences. The sewerage system suffered considerable deterioration during the war period and a scheme for main sewerage, approved in principle by the Ministry of Health, is from a public health aspect urgently necessary and will, when carried out, enable the progressive conversion of pail closets to proceed as labour and materials become available.

Every house in the district now has a piped water supply.

The Council and their officers have achieved praiseworthy success in dealing with houses considered to be unfit for human habitation. Many improvements have been carried out at farms since the Milk and Dairies Orders came into operation, and the general standard of buildings has materially improved.

*Principal recommendations.*—The Urban District Council are recommended to:—

(a) Proceed with the conversion of pail closets as quickly as labour and materials permit, meanwhile improving the method of dealing with the contents of pails. The reconditioning of pails should be abandoned.

(b) Replace all ash-pits by the use of ashbins, thereby allowing for a uniform system of refuse collection throughout the district. Reduce the number of refuse tips and provide for "controlled" tipping of all refuse by trained employees.

(c) Continue inspection of housing conditions and secure necessary repairs to prevent further deterioration in the fabric of houses. Secure demolition of houses already included in Clearance Areas, or as individual unfit houses.

(d) Continue the survey of all premises where food is prepared or stored and make every effort to raise the general standard to conform to present requirements. Particular attention should be given to bakehouses and ice cream premises in this connection. Plans submitted to the local authority for new buildings, conversion or adaptation of existing buildings to be used for any process for the manufacture or storage of food should be passed to the Public Health Department for observations before approval.

(e) Proceed with the paving and drainage of unpaved streets and back streets.

**ATHERTON URBAN DISTRICT.**—The Urban District Council have made progress in the improvement of the environmental conditions of the district since it was first inspected in 1916.

Their housing programme has resulted in many improvements, including the building of new houses for families living in insanitary houses, which have since been demolished.

Common yards to private dwelling-houses have been greatly diminished in number, and, in those cases where the Urban District Council have not considered it opportune to seek for the removal of these unsuitable features, desirable improvements in the arrangement of sanitary conveniences have been shown to be practicable.

The abolition of ash-pits and the provision of dustbins throughout the district, together with the increased number of fresh-water closets and the reduction in the number of waste-water closets and privy middens, are complementary factors in the gradual improvement of the vital statistics and also of the amenities of domestic life in the district.

The new buildings specially constructed for occupation by fish-frying businesses and some reconstructed premises used as bakehouses and dairies are a great advance upon the general standard of premises for such trades in the district.

With the evidence of these improvements before them, the Urban District Council will no doubt feel encouraged to stimulate further improvement in the existing older and less conveniently arranged premises at present in use in the district for the preparation and sale of food.

The increase in the number of public parks, open spaces and facilities available for open air recreation has also made for better general living conditions in the town.

*Principal recommendations.*—The Urban District Council are recommended to:—

- (a) Continue with the conversion of waste-water closets and the abolition of privies and privy middens as soon as this may be permitted.
- (b) Arrange for a survey to be made of the housing accommodation for the working-classes in the district.
- (c) Give attention to the paving of the unpaved back streets and passages.
- (d) Continue to improve the standard of premises used for the preparation, storage and sale of food, including cowsheds and dairies.

CHURCH URBAN DISTRICT.—It is gratifying to record the progress which has been made in many spheres since the first special report on the district in 1916, the most notable achievements being the complete abolition of ash-pits and the conversion of pail closets to fresh-water closets.

The various changes which have taken place in the office of Sanitary Inspector during the past few years have not, however, assisted towards that continuity of action, or the establishment of a permanent system of procedure and recording, which is so desirable in the public health service. A very serious effort is now being made to remedy this defect.

*Principal recommendations.*—Particular attention should be directed to the following:—

- (a) The conversion of waste-water closets to fresh-water closets should be expedited.
- (b) Attention should be given to sanitary accommodation at factories.
- (c) Housing difficulties should receive early attention, and an effort made to improve the general standard of housing throughout the district.
- (d) A strict supervision should be maintained over all premises where food is prepared or sold for human consumption.

OSWALDTWISTLE URBAN DISTRICT.—Many improvements have been effected in the environmental conditions of the Urban District since the first special report was issued in 1917. The most noticeable of these improvements have been the total abolition of privy middens, the almost complete abolition of ash-pits, the conversion of approximately 200 pail closets, the considerable improvement in the sanitary accommodation at factories, and the demolition of 43 unfit houses together with the conversion of 22 back-to-back into 11 through houses.

*Principal recommendations.*—There is need for greater activity in certain directions and, in particular, attention should be directed to the following:—

- (a) Private water supplies.
- (b) Sewers and sewage disposal and the carrying out of repairs to the sewer at Knuzden and the works at Belthorn.
- (c) Completion of the conversion of pail closets and abolition of ash-pits wherever practicable. The conversion of waste-water closets should be expedited.
- (d) The formulation of a programme with a view to securing the repair or demolition of unfit houses and improving the general standard of housing accommodation throughout the district.
- (e) The necessity of a strict supervision being exercised over all premises where food is prepared or sold.
- (f) The unsatisfactory condition of many of the farms, both as regards cleanliness and defects. Steps should be taken to remedy these forthwith.
- (g) The necessity for the appointment of a whole-time clerk in the Public Health Department.



## HOUSING

During 1948, housing continued to be one of the chief matters claiming the attention of local authorities. The task of alleviating the acute shortage of houses, occasioned by the absence of normal building activity during the war years and damage caused by enemy action, was, in accordance with Government policy, chiefly one for local authorities.

In spite of the fact that progress was somewhat restricted by the lack of materials, etc., a reference to the table on page 171 shows that 9,942 new houses were erected during the year, an increase of 1,901 over the figure for 1947. Of these newly erected houses, 8,520 were of the traditional permanent type and the remainder were prefabricated—506 temporary and 916 permanent. Local authorities were responsible for the erection of 8,678 of the total new houses, the remaining 1,264 being built by other bodies or persons.

Whilst suitable sites for new houses appear to be available in most districts, certain difficulties are reported in this connection. Apart from the more congested areas, where sites are almost non-existent, several districts are greatly limited in their choice of suitable building sites by mining subsidence, or, to a less degree, by the difficulties involved in the necessary provision of a water supply and sewage disposal system to such sites. Further limitation of choice is involved by reason of the authorities' natural desire to avoid using valuable agricultural land.

In the absence of an up-to-date survey, records of overcrowding—although such is amply apparent—are very incomplete in many districts and consequently no accurate estimate of overcrowding conditions in the Administrative County is possible. A certain amount of overcrowding has, of course, already been relieved by the resumption of building since the war, but there is still a very considerable amount of work to be done in this connection. Almost without exception, local Medical Officers of Health have reported a housing shortage, which, in some areas, presents a social problem of considerable magnitude.

Of the housing conditions generally, these, according to the local reports, except as regards clearance areas, can be considered on the whole as of a fairly good standard. To some extent, however, houses are falling into disrepair owing to the difficulties of obtaining labour and materials and, in certain districts, there are large numbers of houses which, were it not for the acute shortage, would be demolished as unfit for human habitation. The prevailing defects in most districts are chiefly dampness and lack of repair work, whilst in areas embraced by the Lancashire coalfield mining subsidence is responsible for much structural damage.

Back-to-back houses number some 9,000, but here again, with the acute housing shortage, programmes of conversion or clearance, which were being speedily dealt with prior to the war, are at the moment out of the question. The bulk of the Administrative County is relatively free from this type of house, more than half the total number being situated in four or five County districts.

It is not possible to give accurate figures of the numbers of houses which are without adequate internal water supply or which have no separate water closet or other adequate sanitary accommodation, but a summary of the local reports indicates that some 5,600 houses come within the former category and some 14,600 within the latter. Both these figures show an increase over those given in the report for 1947, but such increase is undoubtedly due to more accurate estimates having been provided for the year 1948.

Table 5, pages 166 to 171, compiled from information supplied by local Medical Officers of Health, gives some indication of housing activities in the various urban and rural districts of the County during 1948, together with the steps taken to remedy such property as was found to be not in all respects reasonably fit for human habitation. In all, 58,598 houses were inspected under the Public Health or Housing Acts for housing defects, 117,672 inspections being made for the purpose. A total of 887 houses were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, whilst in addition, 32,055 houses were found not to be in all respects reasonably fit. Of the latter, 22,017 were rendered fit during the year in consequence of informal action by the local authorities or their officers. Action under the Public Health and Housing Acts with respect to defective dwellings continues to be difficult, however, chiefly on account of the shortage of labour and materials and the fact that, owing to the high cost of repair work and the control of rents at a low level, property owners in many instances are reluctant to do more than a minimum of repair work.

*Housing Acts, 1936-46.*—The Housing (Financial Provisions) Act, 1938, provided for County Councils to make annual contributions to County District Councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers.

This was followed by the Housing (Financial and Miscellaneous Provisions) Act, 1946, which provides that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25 10s. as against the "general standard" amount of £16 10s., the payment of annual contributions by County Councils to County District Councils shall be at the rate of £1 10s. per house for 60 years from the date of completion, in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939.

Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

During the financial year ended the 31st March, 1949, the total annual contributions (including arrears) paid by the County Council to District Councils under the above Acts amounted to £779 10s., whilst the number of houses notified as completed during the year ended 31st March, 1949, and ranking for grant was as follows:—

<i>District</i>							<i>No. of houses</i>
URBAN:							
Blackrod	.....	.....	.....	.....	.....	.....	5
Golborne	.....	.....	.....	.....	.....	.....	6
Ormskirk	.....	.....	.....	.....	.....	.....	18
Rainford	.....	.....	.....	.....	.....	.....	22
Tyldesley	.....	.....	.....	.....	.....	.....	6
Ulverston	.....	.....	.....	.....	.....	.....	1
RURAL:							
Blackburn	.....	.....	.....	.....	.....	.....	6
Chorley	.....	.....	.....	.....	.....	.....	29
Clitheroe	.....	.....	.....	.....	.....	.....	6
Fylde .....	.....	.....	.....	.....	.....	.....	58
Garstang	.....	.....	.....	.....	.....	.....	40
Preston	.....	.....	.....	.....	.....	.....	29
West Lancashire	.....	.....	.....	.....	.....	.....	64
Whiston	.....	.....	.....	.....	.....	.....	27
Wigan	.....	.....	.....	.....	.....	.....	7
TOTAL						.....	<u>324</u>



INSPECTION AND SUPERVISION OF FOOD

**Milk Supply.**—During recent years much time and attention have been devoted by both County and local public health officials to the problems involved in the production of a pure and safe milk supply. The problems in this County, in which at the end of 1948 there were 8,111 cowkeepers, including 7,203 dairy farmers, and 2,970 dairymen or purveyors of milk, are of considerable magnitude.

Inspections of farm premises by the local officials in 1948 numbered 11,651 and a large number of routine inspections were made by the County Sanitary Officers in co-operation with the local officials.

On these visits by sanitary officers opportunity is taken to impress upon milk producers the necessity, from the point of view of the public health, of a high standard of bacteriological purity in milk, and that, to ensure this, a good sanitary environment is essential, coupled with regular and careful grooming and cleaning of the cattle, and a rigid standard of cleanliness in all stages of production and distribution. To achieve an adequate, clean and safe supply of milk is a matter which involves the highest interests of the public health.

According to local reports, works of improvement to farm buildings, including reconstruction of cowsheds, erection of modern dairies, re-surfacing of floors and provision of additional window area, improved drainage, electric lighting and piped water supplies, were undertaken in 47 districts during the year. A considerable number of these were effected in order that premises might attain the required standard for the production of "Accredited" or "Tuberculin Tested" milk.

**TUBERCULOUS MILK.**—During the year 1948, the total number of notifications received that tubercle bacilli had been found in milk, including school milk, was 179. Of these, 141 were notified by County Boroughs and County Districts and 38 were found as a result of the routine sampling carried out by the County Council.

In accordance with the provisions of Part IV of the Agriculture Act, 1937, these notifications were transmitted to the Divisional Inspector of the Ministry of Agriculture and Fisheries who arranged for veterinary inspections to be carried out at the farms concerned to eliminate any affected cattle. The number of such inspections completed during 1948 was 148, and the results of the investigations carried out by the Ministry of Agriculture and Fisheries are analysed in the following table:—

Cases where animals seized under the Tuberculosis Order, 1938 .....	93
Number of animals seized .....	93
Cases reported negative where animals had been sold prior to the investigation .....	29
Cases reported negative; no animals seized .....	26

**THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936-48.**—The table below shows, for each of the last three years, the number of licences issued by the County Council under these regulations and in operation at the 31st December, and of other licences issued by local sanitary authorities. The position in 1938 is also given for purposes of comparison:—

Year	Licences issued by County Council		Licences issued by Local Authorities					
			No. of Dealers' Licences issued in respect of:—				No. of Licences issued in respect of Pasteurised Milk.	
	Tuber- culin Tested	Ac- credited	Tuberculin Tested		Accredited		Pasteuris- ing Plants	Retail Dis- tributors
			Bottling	Dis- tribution	Bottling	Dis- tribution		
1938	51	712	10	140	27	139	16	376
1946	184	815	16	112	27	47	21	254
1947	264	753	19	220	21	44	24	296
1948	369	732	28	345	14	43	27	379

The number of licensed producers of designated milk in the Administrative County at the end of 1948 represented 15·3 per cent. of the 7,203 dairy farmers, as compared with 10·8 per cent. of 7,039 dairy farmers in 1938, so that the increase in the proportion of designated to undesignated producers has been small. This is understandable on consideration of the fact that qualification for a licence to produce either "Tuberculin Tested" or "Accredited" milk often necessitates structural alterations which, during the war years and subsequently, have been rendered difficult on account of shortages of labour and materials. A farmer's readiness to become engaged in the production of designated milk has no doubt been limited in many cases by such factors.

Between 1938 and 1948 there was little significant change in the number of "Accredited" producers, but the number of holders of "Tuberculin Tested" licences increased more than sevenfold and, in 1948, represented 33·5 per cent. of producers of designated milk as compared with 6·6 per cent. in 1938. This increase is no doubt largely due to the policy of encouraging the production of "Tuberculin Tested" milk by payment of a bonus greater than that paid for the production of "Accredited" milk. In this way many transfers from "Accredited" to "Tuberculin Tested" production have been effected, such transfers being facilitated by the fact that no further structural alterations are necessary.

The number of routine samples obtained from "Tuberculin Tested" and "Accredited" milk supplies during 1948 was 1,367, and each was submitted to the methylene blue test and examined for *B. coli*. The following table shows, for each of the past five years, the number of samples taken and the percentage found to be unsatisfactory:—

Type of milk	Number of samples taken				
	1944	1945	1946	1947	1948
Tuberculin tested .....	81	74	82	268	382
Accredited .....	758	417	706	1,238	985
<b>TOTAL</b> .....	839	491	788	1,506	1,367
Percentage unsatisfactory .....	20·0	22·6	23·1	28·4	22·4

When a sample is reported as unsatisfactory, further samples are obtained and the producer is advised, where necessary, of improvements likely to raise the standard of the milk supply. Subsequent unsatisfactory samples result in the producer being cautioned and warned of the possible suspension of his licence, a procedure which has usually effected a marked response in the carefulness, and cleanliness in the methods, of the offender.

*Examination for tubercle bacilli.*—During the year, 1,306 samples of graded milk were examined for tubercle bacilli. Of these, 35 or 2·7 per cent. were found positive. This represents an improvement on the previous year when 1,055 samples were examined and 31, or 2·9 per cent., were found positive. Appropriate action was taken immediately on notification of affected samples.

**PROVISION OF MILK TO SCHOOL CHILDREN.**—During 1948 the number of samples of milk obtained from school supplies and examined for the presence of tubercle bacilli was 387 and, of these, two samples or 0·5 per cent. were reported as positive. The Minister of Agriculture and Fisheries was informed and he arranged for veterinary inspections of the herds concerned.

In co-operation with the Area Milk Officer of the Ministry of Food the policy of providing heat-treated or T.T. milk at schools where neither of these types of milk was previously available continued to be pursued. As a result of this policy, it can now be said that very few schools in the County area are supplied with raw or undesignated milk.

**DEFENCE REGULATION 55G.**—During the year under report the Defence Regulation 55G, subsequently rescinded, continued to restrict the sale of raw milk in certain areas. The Regulation prescribed that milk might not be sold by retail or supplied free of cost in a specified area, unless it were Tuberculin Tested, Accredited, Heat-treated, Pasteurised or Sterilised. Milk sold by retail as Pasteurised was required to comply with the Phosphatase and Methylene Blue tests in addition to the conditions laid down in the Milk (Special Designations) Regulations. Where the Food and Drugs Authority were not the licensing authority for milk sold as Pasteurised, they should co-operate with the latter authority in order to avoid duplication of sampling, and should keep that authority informed where any samples failed to pass the tests prescribed for the purpose of the Regulation.

The Minister of Food requested that, in all cases in which the appropriate enforcing authority or their Medical Officer of Health were notified that authorisation had been granted to operate a heat-treatment plant, the authority should arrange for the regular sampling of milk processed at the plant, whether sold wholesale or retail.

The County Council, who are the Food and Drugs Authority, were, during 1948, the enforcing authority for the purpose of Defence Regulation 55G, but were not the licensing authority for pasteurised or heat-treated milk.

At the end of 1948 "authorisations" issued by the Minister of Food were held by 20 firms in 18 County districts. Regular sampling of heat-treated milk was carried out throughout the year by the Assistant County Sanitary Officers.

The number of samples obtained and submitted to the prescribed tests was 445, of which 32 failed to pass. Particulars of the unsatisfactory samples were reported to the Area Milk Officer of the Ministry of Food for such action as he deemed necessary.

In accordance with the requirements of the Regulation a return was forwarded each month to the Minister of Food giving the results of the samples submitted to the prescribed tests.



**Meat and Other Foods.**—Mention is made in most of the local reports of the action taken during the year with regard to the inspection of meat and other foods, including inspection of food shops, stalls and vehicles, places where food is prepared, and slaughter-houses where such are still in use. Generally speaking, informal action was sufficient to remedy any short-comings and co-operation by shopkeepers with the local inspectors was good, but in one district legal proceedings were instituted in three instances and convictions secured.

As a result of legislation for the control of meat and livestock, and the consequent centralisation of slaughtering, such few slaughter-houses as do exist independently in the County area are normally used only for the slaughter, under licence, of pigs for human consumption but not for sale, or of horses for human consumption.

Every endeavour appears to be made to inspect all such animals after slaughter, and in certain districts arrangements exist with the local office of the Ministry of Food whereby the latter informs the local authority of the issue of all licences for slaughter, in order that the authority's inspecting officer may attend, whether the slaughter occurs at the slaughter-house or at the farm. In those districts where no such arrangement exists, inspections of pigs slaughtered under licence for home consumption and not for sale are largely confined to those carried out at the request of the owner.

Anti-mortem inspections appear to be carried out in comparatively few districts but, here again, this is partially due to the fact that in many districts the inspector, in the absence of an arrangement with the local Ministry of Food office, is not aware of the slaughtering of a pig until requested by the owner to inspect the carcase.

In addition to such inspections within their area as are outlined above, many district inspectors take their part, on a rota system, in the inspections which are made at the central slaughter-houses.

The following table, compiled from the local health reports, shows the numbers of certain animals killed in the Administrative County area during 1948, together with the numbers and results of inspections carried out. The number of pigs killed includes "self-suppliers" pigs known to have been slaughtered, but there were, of course, many in addition which were not brought to the notice of the local authorities. It is, unfortunately, not possible to give separately the particulars relating to cows and to cattle excluding cows:—

*Carcases Inspected and Condemned, 1948*

	Cattle including cows	Calves	Sheep and lambs	Pigs
Number killed .....	24,582	20,105	87,703	15,135
Number inspected .....	24,582	20,105	87,703	13,475
<i>All diseases except tuberculosis—</i>				
Whole carcases condemned .....	207	426	238	47
Carcases of which some part or organ was condemned .....	12,144	41	10,611	761
Percentage of the number inspected affected with disease other than tuberculosis .....	50.2	2.3	12.4	6.0
<i>Tuberculosis only—</i>				
Whole carcases condemned .....	600	72	—	62
Carcases of which some part or organ was condemned .....	4,476	2	—	767
Percentage of the number inspected affected with tuberculosis .....	20.6	0.4	nil	6.2

**Ice-Cream.**— During recent post-war years considerable attention has been given to the control of the manufacture, transportation, storage and sale of ice-cream, and the desirability of a uniform application and administration of the several Acts and Regulations in respect thereof was early recognised by the County Council.

Certain codes of practice were formulated by a Technical Committee appointed at a conference of local authorities in South-East Lancashire and North Cheshire and these codes, with certain amendments, were approved in principle by the County Council with a view to securing, within the County area, a uniform standard of cleanliness and general hygiene in the manufacture and handling of ice-cream.

These codes, which are intended to serve only as a general guide to assist District Councils and Traders in the application of the law relating to ice-cream, were circulated during 1948 to all local authorities within the Administrative County, with the exception of the autonomous Food and Drugs authorities.

It will be noted that the codes, which are reproduced in the following pages, are drafted in such a manner as to cover all types of ice-cream businesses, from the small retailer to the large manufacturer.

## ICE CREAM—CODES OF PRACTICE

## I. STANDARDS TO BE MAINTAINED IN FACTORY PREMISES IN WHICH HEAT TREATED ICE-CREAM IS MANUFACTURED, STORED, OR OTHERWISE DEALT WITH IN BULK

1. Manufacturers and vendors of ice-cream shall comply with the following code relating to personal hygiene and see that a high standard of personal cleanliness is maintained.

- (a) Hands and finger-nails of all persons engaged in the preparation or handling of ice-cream should be scrubbed clean before commencing work and after every visit to a sanitary convenience and as often as may be necessary.
- (b) Persons engaged in the preparation or handling of ice-cream must wear suitable clean overalls and head covering.
- (c) All cloths and similar articles used during the process of manufacture or for the cleansing of vessels or utensils shall be sterilised before use by boiling and shall not be used for any other purpose.
- (d) Smoking during the preparation, handling and distribution of ice-cream is prohibited.
- (e) No cats, dogs or other animals shall be kept in the rooms used for the manufacture, storage or sale of ice-cream.
- (f) Persons suffering from infectious disease, diarrhoea, sore throat or skin disease or who have any open sore on hands or face are not permitted to handle ice-cream intended for sale to the public.

Any person suffering from coughs or colds should not be engaged in the handling of ice-cream until recovered.

- (g) Persons suffering from or in contact with an infectious or contagious disease must notify the Medical Officer of Health immediately.

2. Satisfactory arrangements shall be made for keeping separate the following processes:—

- (a) Storage of ingredients used in manufacture.
- (b) Preparing, mixing, heating, cooling and freezing of the mix.
- (c) Storage of the manufactured products.
- (d) Cleansing and sterilisation of utensils and apparatus used.

3. No sanitary convenience, dustbin or ashpit shall be within or communicate directly with any room in which ice-cream is manufactured, stored or otherwise dealt with, or be so placed that offensive odours or dust therefrom can penetrate into the room.

4. No cistern for the supply of water to the room shall be in direct communication with, or discharge directly into, a sanitary convenience and there shall not be within the room any outlet for the ventilation of a drain or inlet into any drain conveying sewage or foul water.

5. The room or rooms in which ice-cream is manufactured or stored shall not be used as a sleeping-room or a living room or communicate with a sleeping-room or living-room except through the open air or through an intervening ventilated space.

6. There shall be adequate natural and artificial light to enable the various processes to be carried out in a hygienic manner.

7. There shall be provided and maintained suitable and sufficient means of ventilation preferably from the open air.

8. No underground room or rooms shall be used unless it or they are suitable in regard to construction, height, lighting, ventilation and hygienic conditions.

9. The walls shall have a smooth hard finish, which shall be impervious up to a height of five feet. The floor shall be of impervious material and properly graded to a channel discharging over a gully situated outside the room.

10. The ceiling shall be smooth and so constructed as to prevent matter falling therefrom. The walls above the height of five feet, the doors and ceiling shall be painted or whitewashed as often as may be necessary.



11. A sufficient supply of wholesome drinking water shall be laid on, and the walls and floors shall be washed down as often as may be necessary.
12. The premises shall be thoroughly cleansed at least once each day immediately after work for the day has ceased.
13. An adequate supply of hot water must be provided for washing all utensils and apparatus used in the manufacture of ice-cream and all vessels must be sterilised by steam or boiling water or other safe process immediately after being cleansed.
14. No refuse or filth, whether solid or liquid, shall be deposited or allowed to accumulate on or about the premises, and all floors, yards and passages shall be kept clean. A sufficient number of covered receptacles shall be provided and maintained for trade and other refuse.
15. There shall be provided in a readily accessible position a sufficient number of wash basins, or sinks provided with a constant supply of hot and cold water. There shall also be provided adequate supplies of clean towels, soap and nail brushes for the use of persons employed.
16. Adequate and readily accessible sanitary accommodation shall be provided and maintained in a clean condition.
17. Personal clothing of employees not worn whilst working must not be kept in a room where ice-cream is being prepared, stored or sold, except in a cupboard provided for the purpose.
18. A copy of this Code of Practice shall be kept on the premises for the information of all concerned in the handling and distribution of ice-cream.
19. In the Administrative County the chief enactments relating to ice-cream are the Food and Drugs Act, 1938 (in particular Sections 13, 16 and 37), the Lancashire County Council (Rivers Board and General Powers) Act, 1938, Section 116, and the Ice-Cream (Heat Treatment, etc.) Regulations, 1947 and 1948. The foregoing Code of Practice is intended as a guide to assist ice-cream manufacturers and dealers to maintain a satisfactory standard of cleanliness and hygiene, but nothing contained in it exempts any person from the necessity of complying with the Statutory enactments governing the manufacture, distribution, storage and sale of ice-cream where these apply.

## II. STANDARDS TO BE MAINTAINED IN PREMISES IN WHICH COLD MIX ICE-CREAM IS MANUFACTURED, STORED, OR OTHERWISE DEALT WITH IN BULK.

1. Manufacturers and vendors of ice-cream shall comply with the following code relating to personal hygiene and see that a high standard of personal cleanliness is maintained.
  - (a) Hands and finger-nails of all persons engaged in the preparation or handling of ice-cream should be scrubbed clean before commencing work and after every visit to a sanitary convenience and as often as may be necessary.
  - (b) Persons engaged in the preparation or handling of ice-cream must wear suitable clean overalls and head covering.
  - (c) All cloths and similar articles used during the process of manufacture or for the cleansing of vessels or utensils, shall be sterilised before use by boiling and shall not be used for any other purpose.
  - (d) Smoking during the preparation, handling and distribution of ice-cream is prohibited.
  - (e) No cats, dogs or other animals shall be kept in rooms used for the manufacture, storage or sale of ice-cream.
  - (f) Persons suffering from infectious disease, diarrhoea, sore throat or skin disease or who have any open sore on hands or face are not permitted to handle ice-cream intended for sale to the public.  
  
Any person suffering from coughs or colds should not be engaged in the handling of ice-cream until recovered.
  - (g) Persons suffering from or in contact with an infectious or contagious disease must notify the Medical Officer of Health immediately.
2. Satisfactory arrangements shall be made for keeping separate the following processes:—
  - (a) Storage of materials used in manufacture.
  - (b) Preparing, mixing, heating, cooling and freezing of the mix.
  - (c) Storage of the manufactured products.
  - (d) Cleansing and sterilisation of utensils and apparatus used.

3. The powder from which the cold mix is made up shall comply with the Ice-Cream (Heat Treatment, etc.) Regulations, 1947.
4. The product shall be converted into ice-cream within one hour of reconstitution and afterwards shall be kept at a temperature of not more than 28 degrees F.
5. The containers used in the freezer shall be sterilised after each mix has been sold.
6. No sanitary convenience, dustbin or ashpit shall be within or communicate directly with any room in which ice-cream is manufactured, stored or otherwise dealt with, or be so placed that offensive odours or dust therefrom can penetrate into the room.
7. No cistern for the supply of water to the room shall be in direct communication with, or discharge directly into, a sanitary convenience and there shall not be within the room any outlet for the ventilation of a drain or inlet into any drain conveying sewage or foul water.
8. The room or rooms in which ice-cream is manufactured or stored shall not be used as a sleeping-room or a living-room or communicate with a sleeping-room or living-room except through the open air or through an intervening ventilated space.
9. There shall be adequate natural and artificial light to enable the various processes to be carried out in a hygienic manner.
10. There shall be provided and maintained suitable and sufficient means of ventilation preferably from the open air.
11. No underground room or rooms shall be used unless it or they are suitable in regard to construction, height, lighting, ventilation and hygienic conditions.
12. The walls shall have a smooth hard finish, which shall be impervious up to a height of five feet. The floor shall be of impervious material and properly graded to a channel discharging over a gully situated outside the room.
13. The ceiling shall be smooth and so constructed as to prevent matter falling therefrom. The walls above the height of five feet, the doors and ceiling shall be painted or whitewashed as often as may be necessary.
14. A sufficient supply of wholesome drinking water shall be laid on, and the walls and floors shall be washed down as often as may be necessary.
15. The premises shall be thoroughly cleansed at least once each day immediately after work for the day has ceased.
16. An adequate supply of hot water must be provided for washing all utensils and apparatus used in the manufacture of ice-cream and all vessels must be sterilised by steam or boiling water or other safe process immediately after being cleansed.
17. No refuse or filth, whether solid or liquid, shall be deposited or allowed to accumulate on or about the premises, and all floors, yards and passages shall be kept clean. A sufficient number of covered receptacles shall be provided and maintained for trade and other refuse.
18. There shall be provided in a readily accessible position, a sufficient number of wash basins, or sinks provided with a constant supply of hot and cold water. There shall also be provided adequate supplies of clean towels, soap and nail brushes for the use of persons employed.
19. Adequate and readily accessible sanitary accommodation shall be provided and maintained in a clean condition.
20. Personal clothing of employees not worn whilst working must not be kept in a room where ice-cream is being prepared, stored or sold, except in a cupboard provided for the purpose.
21. A copy of this Code of Practice shall be kept on the premises for the information of all concerned in the handling and distribution of ice-cream.
22. In the Administrative County the chief enactments relating to ice-cream are the Food and Drugs Act, 1938 (in particular Sections 13, 16 and 37), the Lancashire County Council (Rivers Board and General Powers) Act, 1938, Section 116, and the Ice-Cream (Heat Treatment, etc.) Regulations, 1947 and 1948. The foregoing Code of Practice is intended as a guide to assist ice-cream manufacturers and dealers to maintain a satisfactory standard of cleanliness and hygiene, but nothing contained in it exempts any person from the necessity of complying with the Statutory enactments governing the manufacture, distribution, storage and sale of ice-cream where these apply.



### III. STANDARDS TO BE MAINTAINED FOR RETAIL SHOPS AND DISTRIBUTION PREMISES WHERE ICE-CREAM IS MANUFACTURED, STORED OR SOLD LOOSE

1. Manufacturers and vendors of ice-cream shall comply with the following code relating to personal hygiene and see that a high standard of personal cleanliness is maintained.

- (a) Hands and finger-nails of all persons engaged in the preparation or handling of ice-cream should be scrubbed clean before commencing work and after every visit to a sanitary convenience, and as often as may be necessary.
- (b) Persons engaged in the preparation or handling of ice-cream must wear suitable clean overalls and head covering.
- (c) All cloths and similar articles used during the process of manufacture or for cleansing of vessels or utensils shall be sterilised before use by boiling and shall not be used for any other purpose.
- (d) Smoking during the preparation, handling and distribution of ice-cream is prohibited.
- (e) No cats, dogs or other animals shall be kept in rooms used for the manufacture, storage or sale of ice-cream.
- (f) Persons suffering from infectious disease, diarrhoea, sore throat, or skin disease, or who have any open sore on hands or face are not permitted to handle ice-cream intended for sale to the public.

Any person suffering from coughs, or colds, should not be engaged in the handling of ice-cream until recovered.

- (g) Persons suffering from or in contact with an infectious or contagious disease must notify the Medical Officer of Health immediately.

2. Ice-cream shall not be manufactured, stored or sold in any room which is used as a sleeping-room, living-room or scullery.

Articles stored and sold in the room with ice-cream shall not include ironmongery, greengrocery, fish, firelighters, wood, rubbing-stones, poisons, loose drugs or any other articles likely to be stored and sold in a dirty or dusty condition or impart an objectionable flavour or contaminate the ice-cream or the hands of the person handling or serving the ice-cream.

3. The walls, floor, ceiling, windows and doors of every room or store where ice-cream is prepared, stored, or distributed shall be kept in a proper state of repair so as to maintain a high standard of cleanliness.
4. The walls, ceiling, window frames and doors shall be painted or redecorated as often as may be necessary, and at least once in every three months shall be so washed or cleansed as to maintain the premises in a clean condition.
5. There shall be adequate natural and artificial light to enable the various processes to be carried out in a hygienic manner.
6. There shall be provided and maintained suitable and sufficient means of ventilation preferably from the open air.
7. No refuse or filth, whether solid or liquid, shall be deposited or allowed to accumulate on or about the premises, and all floors, yards and passages shall be kept clean. A sufficient number of covered receptacles shall be provided and maintained for trade and other refuse.
8. Adequate facilities for the sterilisation of all equipment, utensils and plant used in the manufacture and sale of ice-cream shall be provided by means of a boiler, steam steriliser or other satisfactory method. All such equipment shall be thoroughly cleansed before sterilisation is carried out.
9. All other equipment, such as storage receptacles for ingredients, trays and fittings, shall be thoroughly cleansed and maintained in a clean condition.
10. All equipment used in the manufacture and sale of ice-cream shall be kept separate for the purpose and used exclusively therefor, and during intervals between usage shall be stored in a separate place protected from dust, dirt, etc.
11. Dippers and measures used during the sale of ice-cream shall be maintained in a cleanly condition and sterilised at least once daily.
12. Suitable facilities shall be provided for the storage of ingredients and utensils used in the manufacture of ice-cream to ensure that they are properly protected from dust, dirt, flies and vermin.

13. Ice-cream freezers shall be installed, maintained and operated to the satisfaction of the Local Authority.
14. There shall be provided in a readily accessible position, a sufficient number of wash basins or sinks provided with a constant supply of hot and cold water. There shall also be provided adequate supplies of clean towels, soap and nail brushes for the use of persons employed.
15. Adequate and readily accessible sanitary accommodation shall be provided and maintained in a clean condition.
16. No sanitary accommodation or dustbin shall be within, or communicate directly with, the room or be so placed that offensive odours or dust therefrom can penetrate into the room.
17. No cistern for the supply of water to the room shall be in direct communication with, or discharge directly into, a sanitary convenience and there shall not be within the room any outlet for the ventilation of a drain or any inlet into any soil water drain.
18. The premises shall be kept free from infestation by rats, mice, beetles, flies and any other vermin or insects, and in the event of any such infestation arising, immediate notice should be given to the Local Authority.
19. Personal clothing of employees not worn whilst working must not be kept in a room where ice-cream is being prepared, stored or sold except in a cupboard provided for the purpose.
20. The persons responsible will ensure that all ice-cream sold is clean and fresh and in all respects fit for human consumption and does not exceed the maximum temperature of 28 degrees F., allowed by the Ice-Cream (Heat Treatment, etc.) Regulations, 1947.
21. A copy of this Code of Practice shall be kept on the premises for the information of all concerned in the handling and distribution of ice-cream.
22. In the Administrative County the chief enactments relating to ice-cream are the Food and Drugs Act, 1938 (in particular Sections 13, 16 and 37), the Lancashire County Council (Rivers Board and General Powers) Act, 1938, Section 116, and the Ice-Cream (Heat Treatment, etc.) Regulations, 1947 and 1948. The foregoing Code of Practice is intended as a guide to assist ice-cream manufacturers and dealers to maintain a satisfactory standard of cleanliness and hygiene, but nothing contained in it exempts any person from the necessity of complying with the Statutory enactments governing the manufacture, distribution, storage and sale of ice-cream where these apply.

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#### IV. STANDARDS TO BE MAINTAINED IN PREMISES IN WHICH WATER-ICES ARE MANUFACTURED, STORED OR SOLD

1. Manufacturers and vendors of water-ices shall comply with the following code relating to personal hygiene and see that a high standard of personal cleanliness is maintained.
  - (a) Hands and finger-nails of all persons engaged in the preparation or handling of water-ices should be scrubbed clean before commencing work and after every visit to a sanitary convenience and as often as may be necessary.
  - (b) Persons engaged in the preparation of water-ices must wear suitable clean overalls and head covering.
  - (c) All cloths and similar articles used during the process of manufacture or for the cleansing of vessels or utensils shall be sterilised before use by boiling and shall not be used for any other purpose.
  - (d) Smoking during the preparation, handling and distribution of water-ices is prohibited.
  - (e) No cats, dogs or other animals shall be kept in rooms used for the manufacture, storage or sale of water-ices.
  - (f) Persons suffering from infectious disease, diarrhoea, sore throat or skin disease or who have any open sore on hands or face are not permitted to handle water-ices intended for sale to the public. Any person suffering from coughs or colds should not be engaged in the handling of water-ices until recovered.
  - (g) Persons suffering from or in contact with an infectious or contagious disease must notify the Medical Officer of Health immediately.
2. The produce shall be manufactured in a freezer approved by the Local Authority.
3. The containers used in the freezer shall be sterilised after each mix has been sold.



4. The walls, floor, ceiling, windows and doors of every room or store where water-ices are prepared, stored or distributed shall be kept in a proper state of repair so as to maintain a high standard of cleanliness.
5. The walls, ceiling, window-frames and doors shall be painted or redecorated as often as may be necessary, and at least once in every three months shall be so washed or cleansed as to maintain the premises in a clean condition.
6. There shall be adequate natural and artificial light to enable the various processes to be carried out in a hygienic manner.
7. There shall be provided and maintained suitable and sufficient means of ventilation preferably from the open air.
8. No refuse or filth, whether solid or liquid, shall be deposited or allowed to accumulate on or about the premises, and all floors, yards and passages shall be kept clean. A sufficient number of covered receptacles shall be provided and maintained for trade and other refuse.
9. No sanitary convenience, drain inlet or dustbin shall be within or communicate directly with any room in which water-ices are manufactured.
10. No volatile or other matter from which an offensive odour is emitted shall be stored in the room where the water-ices are manufactured or sold.
11. Water-ices shall not be manufactured, stored or sold in any room which is used as a sleeping-room, living-room or scullery.

Articles stored and sold in the room with water-ices shall not include ironmongery, greengrocery, fish, firelighters, wood, rubbing-stones, poisons, loose drugs or any other articles likely to be stored and sold in a dirty or dusty condition or impart an objectionable flavour or contaminate the water-ices or the hands of the person handling or serving the water-ices.

12. There shall be provided in a readily accessible position a sufficient number of wash-basins or sinks provided with a constant supply of hot and cold water. There shall also be provided adequate supplies of clean towels, soap and nail brushes for the use of persons employed.
13. Adequate and readily accessible sanitary accommodation shall be provided and maintained in a clean condition.
14. Ingredients and materials used in the preparation or wrapping of water-ices shall at all times be adequately protected against dirt, dust or other forms of contamination.
15. The premises shall be kept free from infestation by rats, mice, beetles, flies and any other vermin or insects, and in the event of any such infestation arising immediate notice should be given to the Local Authority.
16. Every person who conveys or causes to be conveyed water-ices in any vehicle shall maintain the vehicle and all implements and apparatus used therewith in a cleanly condition.
17. Any material used to hold or contain individual water-ices shall be of a nature that is not dangerous or injurious to health.
18. A copy of this Code of Practice shall be kept on the premises for the information of all concerned in the handling and distribution of water-ices.
19. Where water-ices are manufactured on a large scale, the standards relating to premises which are enumerated in Code 2 shall apply.
20. In the Administrative County the chief enactments relating to ice-cream are the Food and Drugs Act, 1938 (in particular Sections 13, 16 and 37), the Lancashire County Council (Rivers Board and General Powers) Act, 1938, Section 116, and the Ice-Cream (Heat Treatment, etc.) Regulations, 1947 and 1948. The foregoing Code of Practice is intended as a guide to assist ice-cream manufacturers and dealers to maintain a satisfactory standard of cleanliness and hygiene, but nothing contained in it exempts any person from the necessity of complying with the Statutory enactments governing the manufacture, distribution, storage and sale of ice-cream, where these apply.

# V. STANDARDS TO BE MAINTAINED IN VEHICLES AND OPEN-AIR STALLS FROM WHICH ICE-CREAM OR WATER-ICES ARE SOLD

1. Manufacturers and vendors of ice-cream or water-ices shall comply with the following code relating to personal hygiene and see that a high standard of personal cleanliness is maintained.
  - (a) Vendors of ice-cream or water-ices must wear suitable clean overalls and see that hands and finger-nails are scrubbed clean before commencing work and after every visit to a sanitary convenience and as often as necessary.
  - (b) All cloths and similar articles used in the distribution of ice-cream or water-ices or for cleansing the vessels or utensils used shall be sterilised before use by boiling and shall not be used for any other purpose.
  - (c) Smoking during the preparation, handling and distribution of ice-cream or water-ices is prohibited.
  - (d) Persons suffering from infectious disease, diarrhoea, sore throat or skin disease or who have any open sore on hands or face are not permitted to handle ice-cream or water-ices intended for sale to the public.  
Any person suffering from coughs or colds should not sell ice-cream or water-ices until recovered.
  - (e) Persons suffering from, or in contact with, any infectious or contagious disease must notify the Medical Officer of Health immediately.
2. All vehicles and stalls from which ice-cream or water-ices are sold shall have the name and address of the vendor prominently displayed.
3. All such vehicles and stalls shall be so constructed as to allow for thorough cleansing daily and shall be maintained in a clean condition. Dippers and measures used during the sale of ice-cream or water-ices shall be maintained in a cleanly condition and sterilised at least once daily.
4. Persons responsible for the sale of ice-cream or water-ices from vehicles and stalls shall provide on each vehicle or stall a supply of clean water, towels, and soap for the washing of hands.
5. Receptacles containing ice-cream biscuits, cones, etc., shall be kept covered and protected from contamination during intervals when sales are not in progress.
6. Provision shall be made for the storage of ice-cream or water-ices on the vehicle or stall which will ensure that it will be kept at a temperature not exceeding 28 degrees F., in accordance with the Ice-Cream (Heat Treatment, etc.) Regulations, 1947.
7. All vehicles and stalls from which ice-cream or water-ices are sold shall, when not in use for the sale of ice-cream or water-ices, be kept in clean premises and all equipment removed to registered premises where facilities are provided for thorough cleansing, sterilisation and storage under suitable conditions.
8. No animals or articles likely to contaminate ice-cream or water-ices shall be conveyed in a vehicle used for the sale or transportation of ice-cream or water-ices.
9. Ice-cream or water-ices shall be protected from dirt, dust or other contamination at all times and all apparatus and utensils brought into contact with ice-cream or water-ices shall be thoroughly cleansed immediately after use and kept clean at all times.
10. In the Administrative County the chief enactments relating to ice-cream are the Food and Drugs Act, 1938 (in particular Sections 13, 16 and 37), the Lancashire County Council (Rivers Board and General Powers) Act, 1938, Section 116, and the Ice-Cream (Heat Treatment, etc.) Regulations, 1947 and 1948. The foregoing Code of Practice is intended as a guide to assist ice-cream manufacturers and dealers to maintain a satisfactory standard of cleanliness and hygiene, but nothing contained in it exempts any person from the necessity of complying with the Statutory enactments governing the manufacture, distribution, storage and sale of ice-cream, where these apply.

**Food Poisoning.**—There were three definite outbreaks of food poisoning in the Administrative County area during 1948, the number of cases involved being 50. Brief particulars of each outbreak, including notes as to the organisms or other agents responsible and the foods involved, are given below.

District	No. of outbreaks	No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved
Heywood M.B. ....	1	9	—	No specific pathogens were isolated, but nature of growth in stew was consistent with it having caused acute gastro-enteritis of the toxin type	Pro-heated stewed beef
Whitworth U.D. ....	1	25	—	Salmonella group.....	Jellied meat pies
Blackburn R.D.....	1	16	—	Salmonella typhi-murium .....	Not known



In addition to the above, an isolated case was notified at Oswaldtwistle U.D. The case, a child, received hospital treatment and recovered.

At Widnes M.B. an outbreak of suspected food poisoning at a factory, involving some 50 persons, was investigated, and samples of mixed minced meat and vegetables, freshly cooked minced meat, flour and sauce (bottled) were taken and submitted for examination. The analyst reported that nine of the samples contained pathogenic organisms.

Suspected cases of food poisoning were also reported in four other County districts—Fleetwood M.B., Lancaster M.B., Rawtenstall M.B., and Whiston R.D.—but none was confirmed by examination of specimens submitted.

**Food and Drugs Act, 1938, etc.**—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C.:—

The Food and Drugs Act, 1938, came into operation on the 1st October, 1939. Most of its provisions are still in force although it has, to some extent, been amended directly or indirectly by the Pharmacy and Medicines Act, 1941, and by the long list of food regulations made by the Minister of Food during and subsequent to the war.

A list of the Acts of Parliament and of the more important Regulations governing the composition of foods and drugs was given in the report for the year 1947. The following are new or amended regulations of special interest to Public Analysts which have been made during the year under review:—

The Transfer of Functions (Food and Drugs) Order.

The Food Standards (Mustard) (No. 2) Order, 1944 (Amendment No. 2) Order, 1948.

The Labelling of Food (General Licence) Order, 1947 (Amendment) Order, 1948.

The Meat Products and Canned Meat (Control and Maximum Prices) Order.

The Soft Drinks Order, 1947 (Amendment) Order, 1948.

The Edible Gelatine Order.

The Transfer of Functions (Food and Drugs) Order is discussed in the next paragraphs.

*The Transfer of Functions (Food and Drugs) Order, 1948.*

This Order, which was made under the Ministers of the Crown (Transfers of Functions) Act, 1946, came into operation on the 1st March, 1948. It is of importance because it marks a stepping stone in the history of Food and Drugs legislation in that certain ministerial functions previously exercised by the Minister of Health in relation to the Food and Drugs Act and relevant Regulations are now transferred to the Minister of Food or exercised jointly by the Minister of Food, the Minister of Health and the Minister of Agriculture and Fisheries. These changes in no way alter the duties of enforcement of the Food and Drugs Act which will continue to be exercised by local authorities.

As a result of the making of this Order the Ministry of Food is the department now primarily concerned with the following matters affecting Public Analysts:—

- (1) the composition and description of food, the Public Health (Preservatives, etc., in Food) Regulations, 1925-40 and the Public Health (Condensed Milk) and (Dried Milk) Regulations, 1923-43;
- (2) the heat-treatment of milk;
- (3) the approval of the terms of appointment, etc., of Public Analysts;
- (4) the conditions under which margarine and certain other foods may be imported, manufactured and sold; and
- (5) quarterly reports made by Public Analysts.

The Minister of Health, however, retains his administrative interests in the following matters:—

- (1) the composition and description of drugs;
- (2) the Ice-cream (Heat Treatment, etc.) Regulations;
- (3) Provisions in the Act and Milk and Dairies Regulations relating to the control of ice-cream and milk infected with disease;
- (4) temporarily (until the Food and Drugs (Milk and Dairies) Act, 1944, comes into force) remains the Minister chiefly concerned with the Milk and Dairies Regulations and the Milk (Special Designations) Regulations in so far as they relate to producers; and
- (5) he will retain his functions under section 64 of the Food and Drugs Act under which, in certain cases, he may direct as to the authority who are to be the Food and Drugs Authority of a district.

The Minister of Health and the Minister of Food will exercise jointly the power to make regulations in regard to the following:—

- (1) the composition, storage, preparation and sale of food under section 8 of the Food and Drugs Act;
- (2) milk, in relation to Milk and Dairies Regulations and Special Designations;
- (3) the composition of bread and flour;
- (4) the qualifications of Public Analysts and to prescribe the form of certificate of analysis.

The power previously exercised by the Minister of Agriculture and Fisheries under section 23 of the Food and Drugs Act to make regulations as to the presumptive evidence of adulteration of milk is now exercised jointly by the Ministers of Agriculture and Fisheries, Food and Health. When the Food and Drugs (Milk and Dairies) Act, 1944, comes into operation the Minister of Agriculture and Fisheries will also be joined in the power to make Milk and Dairies Regulations and Milk (Special Designations) Regulations in so far as the latter affect raw milk.

To implement the above changes in ministerial functions a number of Amendment Regulations have been made jointly by the Minister of Health and the Minister of Food which in nearly every case transfer to the Minister of Food functions previously exercised by the Minister of Health. These Amendment Regulations came into force on the 1st June, 1948, and include, *inter alia*, The Milk (Special Designations) Amendment Regulations, 1948; The Public Health (Condensed Milk) Amendment Regulations, 1948; The Public Health (Dried Milk) Amendment Regulations, 1948; and the Public Health (Preservatives, etc., in Food) Amendment Regulations, 1948.

**FOOD AND DRUGS SAMPLES.**—Section 68 (1) of the Food and Drugs Act, 1938, authorises arrangements to be made for the taking of samples for analysis by the Public Analyst. It reads:—

“An authorised officer of a Food and Drugs Authority . . . may exercise such powers of procuring samples of food and drugs for analysis . . . as are conferred upon him by this section, and any such officer is in this Act referred to as a ‘Sampling Officer’.”

In the County of Lancaster this work is now carried out by four Assistant County Sanitary Officers, each of whom procures samples in his own area of the County.

The number of food and drugs samples submitted by the Assistant County Sanitary Officers during the year under review was 6,958 as against 6,819 during the previous year; this represents 5.04 samples per 1,000 of the population as against 5.05 samples per 1,000 in 1947, the apparent discrepancy in the figures being due to the fact that the population of the County is increasing. The number of County food and drugs samples has, therefore, been maintained at the level reached in 1947 and the figures for these two years are much higher than the corresponding figure for any previous year in the history of the County Laboratory. The next highest figure for total samples was 5,263 in the year 1933.

#### *Total Adulteration.*

During the year under review, of the 6,958 samples of food and drugs submitted for examination under the Act, 399 were reported upon adversely; the total adulteration was, therefore, 5.7 per cent. This represents an appreciable decrease compared with the percentage of adulteration for the previous year (1947) when the figure was 7.0 per cent.

In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during this period the lowest figure was 3.6 which was reached in 1939, and that the average figure is 6.5 per cent., so that the percentage of adulteration for the year 1948, which is 5.7, is lower than that of the average for the past 10 years and is also the lowest since the year 1940. In general, the adulteration during and subsequent to the war is considerably greater than that found in the preceding years; while the figure for the year under review cannot be regarded as unsatisfactory when compared with the figures for the last 10 years it is, however, still higher than the adulteration rate for the 10 years, 1929-38, which preceded the war when the percentage adulteration varied from 2.6 to 4.2.

*Percentage of Adulteration of County Samples of Food and Drugs, 1939-48*

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1939	4,775	171	3.6
1940	3,257	153	4.7
1941	2,583	239	9.3
1942	2,088	142	6.8
1943	2,058	172	8.4
1944	1,816	163	9.0
1945	1,731	138	8.0
1946	4,122	315	7.6
1947	6,819	477	7.0
1948	6,958	399	5.7
1939-48	36,207	2,369	6.5



*Analysis.*

The point raised in the preceding paragraph is perhaps brought out more clearly in the table below where the percentage of adulteration over the last 10 years is given side by side with the various types of samples and with the number of samples taken per 100,000 of the population. It will be noted that throughout all the war years the rate of sampling dropped very considerably; in fact for the years 1942-45 inclusive, it was only half of that for the years immediately prior to the war. The total number of samples and the number of samples per 100,000 of the population for the year under review have been maintained at the level reached during 1947 and the figures for these two years are much higher than the corresponding figures for any previous year in the history of the County Laboratory. The population of the area of the County Food and Drugs Authority is growing and this accounts for the fact that while the total number of samples is higher in 1948 than in 1947 the number of samples per 100,000 of the population is slightly lower in 1948 than in the previous year.

Year	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Percentage of adulteration .....	3·6	4·7	9·3	6·8	8·4	9·0	8·0	7·6	7·0	5·7
Total samples .....	4,775	3,257	2,583	2,088	2,058	1,816	1,731	4,122	6,819	6,958
Formal samples .....	3,024	2,044	1,525	1,236	1,234	912	870	1,648	2,318	2,478
Informal samples .....	1,751	1,213	1,058	852	824	904	861	2,046	3,821	3,953
Private samples .....	—	—	—	—	—	—	—	428	680	527
Number of samples per 100,000 of the population .....	274	244	193	161	156	136	135	321	505	500

MILK.—*Adulteration.*—The number of milk samples submitted under the Food and Drugs Act during the year was 4,464 and, of these, 293 were reported against; the amount of adulteration was, therefore, 6·6 per cent. This figure, as will be seen from the following table, is lower than the average for the last 10 years and is lower than the percentage adulteration for any year since 1939.

*Percentage of Adulteration of Milk Samples, 1939-48*

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1939 .....	3,029	157	5·2
1940 .....	2,084	139	6·7
1941 .....	1,861	222	11·9
1942 .....	1,506	132	8·8
1943 .....	1,459	157	10·8
1944 .....	1,197	135	11·3
1945 .....	1,096	111	10·1
1946 .....	2,669	272	10·2
1947 .....	4,515	393	8·7
1948 .....	4,464	293	6·6
Totals .....	23,880	2,011	8·4

*Average Composition.*

In the table below the average composition of all the milks examined is set out for the period 1910-48. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8.55 per cent. being obtained in the year 1943. The average for solids-not-fat for the year under review was 8.64 per cent. Comparison of the following table with that above brings out the fact that seven of the eight years during which the average solids-not-fat have been lower than formerly were years which showed an increased rate of adulteration. Since the year 1943 there has been a tendency for the solids-not-fat to show a slight increase.

*Average Composition of Milk Samples, 1910-48*

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total Solids per cent.
1910 - 1930 .....	56,028	3.67	8.90	12.57
1931 .....	3,090	3.84	8.81	12.65
1932 .....	3,205	3.77	8.85	12.62
1933 .....	3,060	3.76	8.82	12.58
1934 .....	3,310	3.74	8.81	12.55
1935 .....	3,422	3.75	8.84	12.59
1936 .....	3,098	3.73	8.88	12.61
1937 .....	3,278	3.74	8.84	12.58
1938 .....	3,398	3.70	8.78	12.48
1939 .....	3,128	3.67	8.78	12.45
1940 .....	2,144	3.70	8.79	12.49
1941 .....	1,866	3.70	8.64	12.34
1942 .....	1,516	3.75	8.66	12.41
1943 .....	1,489	3.70	8.55	12.25
1944 .....	1,197	3.69	8.57	12.26
1945 .....	1,096	3.72	8.57	12.29
1946 .....	2,776	3.75	8.58	12.33
1947 .....	4,625	3.75	8.63	12.38
1948 .....	4,523	3.67	8.64	12.31
1910-48 .....	106,249	3.71	8.82	12.53

ARTICLES OTHER THAN MILK.—*Adulteration.*—During the year under review 2,494 samples other than milk were examined on behalf of the County Council. Of these, 106 were reported against, which corresponds to an adulteration rate of 4.2 per cent. The percentage of adulteration in articles other than milk was, therefore, lower than that for milk. Of the 106 samples reported as adulterated 32 consisted of samples of beef or pork sausages; the figure given for percentage adulteration of all commodities other than milk is, therefore, weighted by the relatively large number of adulterated sausage samples.

PROSECUTIONS.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration due to long storage or adulteration obviously may be due to some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples the vendors are sometimes cautioned and further samples then frequently prove to be genuine; in other instances farms are visited by the Sampling Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year, a total of 399 County food and drugs samples were reported upon adversely and in respect of 70 of these, prosecutions were instituted, 49 in respect of milk samples, one in respect of dried sage, two in respect of rum, one in respect of table salt and 17 in respect of sausages. There were 69 convictions and one dismissal; the total fines and costs amounting to £703. 0s. 6d. Apart from the year 1946, and the year 1941 (in the latter year numerous fraudulent food substitutes were on sale), the total in fines and costs for the year under review is the highest since 1918.



ICE-CREAM.—A brief account of the manufacture and composition of ice-cream was given in the report for the year 1946. The account also included a synopsis of draft regulations made with a view to improving the hygienic quality of ice-cream; these were officially adopted the following year under the title of the Ice-cream (Heat Treatment, etc.) Regulations, 1947. At the same time the Ministry drew the attention of local authorities to a form of methylene blue test which appeared to be the best available guide as to the bacterial cleanliness of ice-cream. At the time of writing (January, 1949) the Food Standards Committee of the Ministry of Food is considering the possibility of prescribing standards for a number of foods including ice-cream but at the moment the position as to the chemical composition of ice-cream is still the same as that appertaining in September, 1945, when the Minister of Food stated that he was not prepared to set up a minimum standard which, due to the exigencies of the times, would impose hardship on many members of the trade and which might prejudice agreement on a really good standard when supplies of the necessary ingredients became more normal. In view of this statement no samples of ice-cream over the last three years have been reported by your Analyst as deficient in fat or other nutritional ingredients. The composition of ice-cream cannot, however, be regarded as satisfactory for, notwithstanding the shortage of fats, etc., some manufacturers still manage to include a reasonable percentage of fat, approximating to or even exceeding the standard of 8 per cent. milk-fat proposed by one trade association before the war, while other manufacturers sell products which may contain as little as 0.1 per cent. of fat. There is little doubt that a satisfactory chemical standard should prescribe both a fat content (preferably butter-fat) and a milk solids-not-fat content; both of these present difficulty to-day but in view of the extent to which ice-cream is now manufactured and sold, a legal standard or standards would appear long overdue for the protection of both the purchasing public and reputable manufacturers. Under existing conditions a standard would probably involve less output but, from a nutritional point of view, little can be said for the present-day alternative which permits the sale as ice-cream of some commodities almost devoid of fat and poor in other solids; in fact, some samples amount to little more than sweetened and flavoured starch or cornflour and yet these may be sold at the same price as that charged by those firms who include a reasonable amount of fat in their ice-cream.\*

Only one change has occurred during the year under review which affects the constituents which may be used in ice-cream manufacture. It will be remembered that the Edible Gelatine (Control) Order, 1947, prohibited the use of gelatine in the manufacture of most foods including ice-cream. A very short list of specified foods in which the use of gelatine was permitted was included in the Order. In view, however, of the improvement in the supply position with regard to edible gelatine the above Order was revoked and a new Order, the Edible Gelatine Order, 1948, which came into operation on the 22nd November, 1948, now permits the use of gelatine of edible quality in ice-cream and other foods.

During the year under review, 53 samples of ice-cream were submitted for chemical analysis, 39 by Assistant County Sanitary Officers and 14 by autonomous Food and Drugs Authorities. Prior to November of the year under report, four samples (three County and one from Preston County Borough) were found to contain gelatine and in each case the attention of the vendor was directed to the restriction then imposed by the Edible Gelatine (Control) Order, 1947. No harmful ingredients were found in any of the samples and, for the reasons mentioned in the previous paragraphs, none of the samples was reported upon adversely in respect of constituents other than gelatine, although in seven instances the fat content was below 1 per cent. The average figures found for the 59 samples were:—total solids 25.3 per cent. (maximum 33.4, minimum 18.9, and for fat content 3.9 per cent. (maximum 11.3, minimum 0.1). The above averages, as will be seen from the following table, which includes figures for the last three years, again show a slight improvement over the corresponding figures obtained during the year 1947. It will be remembered that prior to the war a figure of 8 per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review, notwithstanding the shortage of fats, eight samples showed fat contents varying from 8.1 per cent. to 11.3 per cent.

*Ice-cream*

Year	No. of samples	Fat content average %	Total solids average %	Highest fat %	Lowest fat %	Highest total solids %	Lowest total solids %
1946	45	2.3	22.5	10.7	0.1	36.8	13.3
1947	59	3.0	23.6	10.6	less than 0.1	39.2	14.1
1948	53	3.9	25.3	11.3	0.1	33.4	18.9

\* Since writing this section a Circular (M.F.3/49) has been addressed to local authorities by the Ministry of Food stating that the Ministry has made available additional supplies of sugar and in some cases fat to those ice-cream manufacturers who undertake that their ice-cream will contain at least  $2\frac{1}{2}$  per cent. of fat. This figure is not to be regarded as a proper standard for ice-cream nor will it prevent the sale of ice-cream with a fat content of less than  $2\frac{1}{2}$  per cent. by those manufacturers who do not wish to avail themselves of the terms of the above undertaking. It will be noted that the figure mentioned in the circular is appreciably below the average fat content of the samples examined in the County Laboratory during the year 1948.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

**Smallpox.**—No case of smallpox occurred during 1948—the tenth successive year for which the Administrative County has been entirely free from the disease.

One suspected case, occurring in February, was reported from Chorley Rural District. Consultation between an Assistant County Medical Officer of Health and the general practitioner concerned resulted in a diagnosis of chickenpox, and this was confirmed by the subsequent course of the illness.

**Scarlet Fever.**—There was a very considerable increase in the incidence of scarlet fever in the Administrative County during 1948. The notifications numbered 5,287, with four deaths, as compared with 2,996 cases and two deaths in the previous year.

The notifications of this and other infectious diseases are shown grouped in age periods in the table on page 130.

The mortality rate from scarlet fever in 1948 was equivalent to 0·001 per 1,000 of the estimated civilian population. The case fatality rate was 0·07 per cent., an increase of 0·01 per cent. over that for 1947.

Scarlet fever cases removed to hospital in 1948 represented 59·5 per cent. of the total notifications. The case fatality rate of patients treated in hospital was 0·03 per cent. and, of those isolated at home, 0·14 per cent.

**Diphtheria.**—For the fourth successive year notifications of diphtheria established a new low record in the County statistics, the number in 1948 being 202. This represents a 38 per cent. reduction of the previous lowest figure of 327 in 1947. Similarly, another new low record was attained in the number of deaths registered as due to diphtheria, viz., 11. This was one less than the number registered in 1947 and was equivalent to a mortality rate of 0·005 per 1,000 of the estimated civilian population, as compared with 0·006 in the previous year.

There can be little doubt that the phenomenal decline in the number of cases of, and deaths from, diphtheria over the last few years is attributable to the artificial protection of children. A reference to the state of immunisation of the child population at the end of 1948 is made on page 55. The table below gives, for the last pre-war year and each subsequent year, the number of cases of, and deaths from, diphtheria in the Administrative County. It will readily be seen that in 1948 they were in the region of only 4·5 per cent. of what they were in 1938, when comparatively few immunisation schemes were in operation.

Year	No. of cases	No. of deaths	Case fatality rate per cent.
1938	4,571	208	4·5
1939	3,297	157	4·7
1940	2,772	137	4·9
1941	3,354	183	5·4
1942	2,169	105	4·8
1943	1,760	69	3·9
1944	1,450	68	4·6
1945	1,137	52	4·5
1946	654	25	3·8
1947	327	12	3·6
1948	202	11	5·4

Of the 202 cases of diphtheria notified during 1948, 38 were amongst children under 5 years of age, 117 amongst those between the ages of 5 and 15 years, and 47 amongst those over 15 years of age. The respective case fatality rates were 15·78 per cent., 4·27 per cent. and *nil*, and that for all children under the age of 15 years was 7·09 per cent. The rate for children under 5 years of age again points to the necessity, continuously being urged, of more impetus being given to the process of immunising pre-school children.

Cases removed to hospital during 1948 numbered 193, or 95·5 per cent. of the total notified.

**Typhoid and Paratyphoid Fevers.**—The number of notifications of typhoid and paratyphoid fevers during 1948 was 30, or seven more than in the previous year. Two deaths were assigned to this cause, producing a death-rate of 0·0009 per 1,000 estimated civilian population. There were no deaths in 1947. Ninety-three County districts were entirely free from typhoid and/or paratyphoid fevers during 1948.

**Measles (excluding rubella).**—This disease has been compulsorily notifiable since February, 1940. Cases notified during 1948 numbered 21,605, a decrease of 772 compared with the figure for the previous year. The deaths registered as due to this cause numbered 26 and were equivalent to a mortality rate of 0·01 per 1,000 estimated civilian population, the same as that for 1947. The provisional death-rate for England and Wales for the year 1948 was also 0·01 per 1,000.

An analysis of the deaths according to ages shows that 92·3 per cent. occurred amongst children under 5 years of age, 26·9 per cent. being amongst infants under 1 year of age.



**Whooping Cough.**—As in the case of measles, this disease became compulsorily notifiable in 1940. The number of cases notified during 1948 was 6,404, an increase of 2,688 over the figure for the previous year. The deaths assigned to whooping cough numbered 39, or seven more than in 1947, the resultant death-rate being 0·01 per 1,000 of the estimated civilian population. The corresponding provisional rate for England and Wales was 0·02.

Acute poliomyelitis, acute polio-encephalitis, encephalitis lethargica, cerebro-spinal fever.—The incidence of these diseases compared with the previous year, and also the attack rates and mortality are shown in the following table:—

Disease	Cases notified		Distribution of cases, 1948		Attack rate per 1,000 population, 1948	Deaths registered	
	1947	1948	Urban Districts	Rural Districts		1947	1948
Acute poliomyelitis .....	350	52	45	7	0.02	} 36	10
Acute polioencephalitis	25	7	7	—	0.003		
Encephalitis lethargica	4	1	1	—	0.0004	*29	*22
Cerebro-spinal fever .....	85	64	58	6	0.03	21	13

\* Deaths from acute infective encephalitis (lethargic or epidemic).

The table below, which is compiled from the quarterly returns of local Medical Officers of Health, shows the numbers of cases of infectious diseases notified during the year 1948 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS DISEASES (AFTER CORRECTION) FOR THE YEAR ENDED  
31ST DECEMBER, 1948, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute poliomyelitis	Acute poliomyelitis	Sex	Age group	Sex	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis lethargica	Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Cerebro-spinal fever
Administrative County																
2,442	84	3,021	11,003	26	4	M.	All ages	M.	768	223	—	—	8	6	187	33
2,845	118	3,383	10,602	26	3	F.		F.	588	237	—	1	10	6	250	31
5,287	202	6,404	21,605	52	7	T.		T.	1,356	460	—	1	18	12	437	64
7	—	269	406	1	1	M.	0—									
6	1	293	455	2	—	F.										
13	1	562	861	3	1	T.										
167	8	905	2,752	7	—	M.	1—	M.	163	20	—	—	1	1	2	18
177	3	982	2,676	8	—	F.		F.	156	12	—	—	—	2	2	14
344	11	1,887	5,428	15	—	T.		T.	319	32	—	—	1	3	4	32
494	17	976	3,685	5	—	M.	3—									
492	9	1,102	3,370	2	1	F.										
986	26	2,078	7,055	7	1	T.										
1,104	25	819	3,913	4	—	M.	5—									
1,271	44	923	3,780	3	—	F.										
2,375	69	1,742	7,693	7	—	T.		M.	118	25	—	—	2	1	12	9
								F.	93	18	—	—	2	3	12	6
455	18	29	163	2	1	M.	10—	T.	211	43	—	—	4	4	24	15
608	30	34	174	1	—	F.										
1,063	48	63	337	3	1	T.										
127	8	7	44	4	2	M.	15—									
168	16	9	68	3	1	F.		M.	207	118	—	—	2	2	46	4
295	24	16	112	7	3	T.		F.	116	89	—	—	3	1	55	9
								T.	323	207	—	—	5	3	101	13
							25—									
78	7	11	30	3	—	M.	45—	M.	176	48	—	—	3	2	86	1
115	15	35	62	7	1	F.		F.	115	73	—	—	5	—	119	2
193	22	46	92	10	1	T.		T.	291	121	—	—	8	2	205	3
							65—	M.	103	12	—	—	—	—	38	—
								F.	105	43	—	1	—	—	61	—
								T.	208	55	—	1	—	—	99	—
10	1	5	10	—	—	M.	Un-	M.	1	—	—	—	—	—	3	1
8	—	5	17	—	—	F.	known	F.	3	2	—	—	—	—	1	—
18	1	10	27	—	—	T.		T.	4	2	—	—	—	—	4	1

## Other Notifiable Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			Malaria (contracted in this country)			Undulant fever			* Chickenpox			† Pemphigus neonatorum			† German measles		
	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Administrative County .....	123	39	21	60	2	—	2	1	—	1	307	245	552	2	1	3	21	18	39

\* Notifiable in 8 districts only.

† Notifiable in 1 district only.

The following table gives the notifications, removals to hospital, total deaths and deaths in hospital, of cases of infectious diseases during 1948 in the Urban and Rural Districts and the Administrative County as a whole:—

Infectious Disease	Urban Districts				Rural Districts				Administrative County			
	Notifi- cations	Re- movals to hospital	Total deaths	Deaths in hospital	Notifi- cations	Re- movals to hospital	Total deaths	Deaths in hospital	Notifi- cations	Re- movals to hospital	Total deaths	Deaths in hospital
Scarlet fever .....	4,626	2,671	4	1	661	474	—	—	5,287	3,145	4	1
Diphtheria .....	178	171	8	5	24	22	3	3	202	193	11	8
Whooping cough .....	5,383	94	39	10	1,021	12	—	—	6,404	106	39	10
Measles (excluding rubella) .....	19,217	166	20	3	2,388	16	6	—	21,605	182	26	3
Poliomyelitis .....	45	35	10	4	7	5	—	—	52	40	10	4
Polio-encephalitis .....	7	4		—	—	—		—	7	4		—
Pneumonia (primary and influenzal) .....	1,124	119	*	*	232	15	*	*	1,356	134	*	*
Dysentery .....	265	32	*	*	195	8	*	*	460	40	*	*
Smallpox .....	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica .....	1	—	*	*	—	—	*	*	1	—	*	*
Typhoid and paratyphoid fevers .....	19	13	1	—	11	5	1	—	30	18	2	—
Erysipelas .....	371	63	*	*	66	8	*	*	437	71	*	*
Cerebro-spinal fever .....	58	43	11	5	6	4	2	—	64	47	13	5
Other notifiable diseases—												
Puerperal pyrexia .....	101	54	6	—	22	—	—	—	123	54	6	—
Ophthalmia neonatorum .....	57	17	*	*	3	—	*	*	60	17	*	*
Malaria (contracted in this country) .....	1	1	*	*	1	—	*	*	2	1	*	*

\* Not available.

Below, comparison is made of the number of notifications of some of the principal infectious diseases during 1948 and the preceding 10 years:—

Infectious disease	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Typhoid and paratyphoid fevers	96	37	142	304	38	25	36	28	48	23	30
Scarlet fever .....	4,437	3,980	3,348	3,583	4,786	6,710	5,836	4,453	2,794	2,996	5,287
*Whooping cough .....	187	—	3,802	7,927	2,334	5,386	3,903	2,874	4,348	3,716	6,404
Diphtheria .....	4,571	3,297	2,772	3,354	2,169	1,760	1,450	1,137	654	327	202
Erysipelas .....	748	677	608	574	589	515	520	475	408	349	437
Smallpox .....	4	—	—	—	—	—	—	—	—	—	—
*Measles (excluding rubella) .....	1,721	—	30,071	11,166	18,267	14,353	13,622	13,883	9,100	22,377	21,605
Acute pneumonia (primary and influenzal) .....	1,876	1,989	2,568	2,235	1,874	2,558	1,703	1,570	1,661	1,418	1,356
Puerperal pyrexia .....	328	311	279	246	284	248	207	139	168	163	123

\* Prior to February, 1940, these diseases were not compulsorily notifiable.

The chief features of a comparison of the above notifications over the whole period are the phenomenal drop in the number of cases of diphtheria, and the gradual reduction in the incidence of erysipelas and puerperal pyrexia.



Death-rates from the Principal Infectious Diseases.—The table below gives the death-rates per 1,000 of the population from the principal infectious diseases for the year 1948 and the preceding 53 years, showing the five years' averages:—

Year	Smallpox	Scarlet fever	*Diphtheria	†Typhoid and paratyphoid fevers	Measles	Whooping cough	‡Diarrhoea, etc.
1895.....	0·009	0·23	0·10	0·23	0·50	0·38	0·95
1896.....	0·005	0·24	0·09	0·23	0·49	0·36	0·48
1897.....	nil	0·15	0·08	0·19	0·66	0·27	0·77
1898.....	0·0005	0·10	0·07	0·26	0·25	0·19	1·00
1899.....	0·0005	0·18	0·18	0·24	0·44	0·26	1·05
Average 5 years, 1895-1899	0·0003	0·18	0·10	0·23	0·46	0·29	0·85
1900.....	0·0015	0·18	0·26	0·20	0·43	0·37	0·60
1901.....	nil	0·18	0·34	0·20	0·18	0·20	0·95
1902.....	0·0119	0·20	0·30	0·16	0·35	0·19	0·28
1903.....	0·0366	0·18	0·19	0·15	0·37	0·26	0·40
1904.....	0·0116	0·18	0·15	0·12	0·43	0·35	0·66
Average 5 years, 1900-1904	0·0123	0·18	0·24	0·16	0·35	0·27	0·57
1905.....	0·0033	0·13	0·15	0·14	0·26	0·15	0·52
1906.....	nil	0·11	0·16	0·14	0·36	0·13	0·79
1907.....	0·0005	0·09	0·15	0·09	0·37	0·28	0·26
1908.....	0·0005	0·10	0·16	0·12	0·18	0·24	0·54
1909.....	nil	0·12	0·15	0·10	0·35	0·14	0·18
Average 5 years, 1905-1909	0·0008	0·11	0·15	0·11	0·30	0·18	0·45
1910.....	nil	0·10	0·11	0·10	0·15	0·23	0·29
1911.....	nil	0·08	0·14	0·12	0·29	0·15	‡1·43
1912.....	nil	0·05	0·12	0·08	0·30	0·24	0·30
1913.....	nil	0·05	0·11	0·10	0·31	0·13	0·85
1914.....	nil	0·09	0·13	0·07	0·28	0·18	0·48
Average 5 years, 1910-1914	nil	0·07	0·12	0·09	0·26	0·18	0·67
1915.....	nil	0·08	0·14	0·07	0·49	0·20	0·52
1916.....	0·003	0·06	0·15	0·05	0·17	0·14	‡0·27
1917.....	nil	0·03	0·13	0·04	0·27	0·11	0·18
1918.....	nil	0·03	0·15	0·05	0·20	0·31	0·19
1919.....	nil	0·04	0·13	0·02	0·07	0·05	0·16
Average 5 years, 1915-1919	0·0006	0·04	0·14	0·04	0·24	0·16	0·26
1920.....	0·0005	0·03	0·11	0·03	0·19	0·09	0·25
1921.....	nil	0·03	0·09	0·02	0·04	0·15	0·27
1922.....	0·0005	0·05	0·08	0·02	0·20	0·12	0·13
1923.....	nil	0·03	0·05	0·02	0·07	0·11	0·12
1924.....	nil	0·02	0·05	0·01	0·14	0·13	0·13
Average 5 years, 1920-1924	0·0002	0·03	0·07	0·02	0·12	0·12	0·18
1925.....	nil	0·03	0·06	0·009	0·10	0·13	0·13
1926.....	0·0005	0·01	0·05	0·008	0·09	0·13	0·11
1927.....	0·0005	0·01	0·06	0·01	0·09	0·06	0·09
1928.....	0·0027	0·01	0·06	0·01	0·05	0·05	0·08
1929.....	0·0016	0·01	0·06	0·008	0·04	0·15	0·08
Average 5 years, 1925-1929	0·0010	0·01	0·05	0·009	0·07	0·10	0·09
1930.....	nil	0·02	0·06	0·008	0·11	0·03	0·08
1931.....	nil	0·01	0·05	0·007	0·03	0·05	0·06
1932.....	nil	0·01	0·06	0·007	0·07	0·06	0·05
1933.....	nil	0·01	0·06	0·006	0·03	0·04	0·05
1934.....	nil	0·02	0·08	0·003	0·06	0·03	0·05
Average 5 years, 1930-1934	nil	0·01	0·06	0·006	0·06	0·04	0·05
1935.....	nil	0·01	0·08	0·002	0·04	0·02	0·04
1936.....	nil	0·01	0·09	0·003	0·05	0·04	0·04
1937.....	nil	0·009	0·08	0·003	0·01	0·03	0·05
1938.....	nil	0·009	0·11	0·005	0·05	0·02	0·04
1939.....	nil	0·004	0·08	0·001	0·002	0·03	0·05
Average 5 years, 1935-1939	nil	0·003	0·08	0·002	0·03	0·02	0·04
1940.....	nil	0·001	0·07	0·001	0·02	0·02	0·05
1941.....	nil	0·003	0·09	0·005	0·01	0·06	0·06
1942.....	nil	0·006	0·05	0·0005	0·01	0·01	0·07
1943.....	nil	0·002	0·03	0·002	0·01	0·03	0·08
1944.....	nil	0·004	0·03	0·0005	0·01	0·01	0·07
Average 5 years, 1940-1944	nil	0·003	0·05	0·001	0·01	0·02	0·06
1945.....	nil	0·002	0·02	nil	0·01	0·01	0·09
1946.....	nil	0·001	0·01	0·002	0·004	0·02	0·10
1947.....	nil	0·001	0·006	nil	0·01	0·01	0·11
1948							
Administrative County	nil	0·001	0·005	0·0009	0·01	0·01	0·05
Urban Districts	nil	0·002	0·004	0·0005	0·01	0·02	0·05
Rural Districts	nil	nil	0·01	0·003	0·02	nil	0·06
§England and Wales	nil	0·00	0·00	0·00	0·01	0·02	0·05

\* From 1899 membranous croup included. † Prior to 1911 the "fever" death-rate included deaths from typhus and continued fevers (if any). ‡ From 1911 enteritis deaths included. Since 1916, the "diarrhoea" death-rate includes deaths from diarrhoea, etc., under two years of age only. § Provisional figures.

**Disinfection.**—The following statement, showing the position of the County districts in regard to the provision of disinfecting apparatus, is prepared from information supplied by local Medical Officers of Health:—

Districts provided with steam apparatus, or using steam apparatus at hospitals.....	63
„ using steam apparatus belonging to other districts (mainly County or Municipal Boroughs) .....	23
„ provided with dry heat apparatus or gas .....	3
„ without proper appliances .....	20

The number of houses or rooms disinfected during 1948 following the occurrence of infectious disease was 6,640, the method employed being chiefly the use of formaldehyde sprays and vapours.



## TUBERCULOSIS

### REPORT ON THE WORK OF THE TUBERCULOSIS DEPARTMENT FOR 1948

BY F. C. S. BRADBURY, ESQ., M.D., D.P.H. (EX-CENTRAL CONSULTANT TUBERCULOSIS OFFICER)

Although, with the operation of the National Health Service Act, 1946, on the 5th July, 1948, the County Council ceased to be responsible for the diagnosis and treatment of tuberculous patients and the administration of chest clinics, sanatoria and hospitals, they continued those duties as "agents" for the Manchester Regional Hospital Board and the Liverpool Regional Hospital Board until the end of 1948. It is convenient, therefore, to present the report for the whole of the calendar year, which course also permits of the continuity of the statistics.

It will be realised that 1948 was a year which represented much difficulty owing to the necessity of having to transfer the nursing, clerical, domestic and outdoor staffs, together with furniture, equipment and stores for dispensaries, sanatoria and hospitals, to the appropriate Hospital Management Committees, and at the same time to continue the normal work; in addition, East Cheshire and several county boroughs (population 883,698) were added to the County, as the beginning of a centralised regional service.

On the 30th June, 1948, the institutional accommodation occupied by County patients suffering from respiratory tuberculosis consisted of 908 and, for non-respiratory tuberculosis, 211 beds. The waiting list stood at 143 respiratory and 35 non-respiratory cases. After the 5th July, 1948, during the "agency" arrangements, the amalgamation with the County Boroughs and other Counties of the Manchester Region commenced, the available bed accommodation being pooled.

In July, 1948, the Manchester Regional Hospital Board approved in principle the setting up of a Regional Tuberculosis Department and a central bed bureau to deal with all applications for admission to tuberculosis beds at the Board's sanatoria and hospitals and to beds in the sanatoria outside the Region which are available under agreement with other Regional Hospital Boards. As the majority of the staff of the Tuberculosis Department of the Lancashire County Council have been transferred to the Board, the Board hoped that the Regional Tuberculosis Department might continue to be located at the County Offices, Preston, until such time as other suitable accommodation is available. In addition to the operation of the bed bureau, the Board stated that other work will involve the preparation and examination of statistical records, the maintenance of close liaison with the Local Health Authorities and the general direction of mass radiography.

**Tuberculosis incidence and mortality in 1948.**—In 1948 the population of the Administrative County, as estimated by the Registrar-General, was 2,007,150.

The number of new respiratory cases (1,522) notified under the Public Health (Tuberculosis) Regulations was 128 (9 per cent.) higher than in 1947 but 141 (also 9 per cent.) fewer than in 1946.

Non-respiratory notifications have risen slightly—551 as compared with 519 in 1947.

The deaths (689) in 1948 from respiratory tuberculosis are the lowest figure on record, being 72 (or 10 per cent.) fewer than in 1947; deaths from non-respiratory tuberculosis are again the lowest on record.

The death-rate from all forms of tuberculosis (0.40 per 1,000 population) is the lowest ever recorded for the Administrative County.

At the end of 1948 there were on the dispensary registers 8,589 patients suffering from tuberculosis (respiratory 5,848, non-respiratory 2,741).

Applications for treatment were received during the year from 1,718 persons, of whom 177 were patients transferred from other authorities. Of the total applicants, 1,264 were diagnosed as suffering from respiratory tuberculosis and 454 from non-respiratory tuberculosis.

The serious prevalence of respiratory tuberculosis among the young female adults (aged 15—34) is shown in the new notifications during the past 10 years:—1939, 377; 1940, 386; 1941, 417; 1942, 412; 1943, 393; 1944, 457; 1945, 424; 1946, 455; 1947, 391; 1948, 431.

The number of notifications for all forms of tuberculosis in 1948 was 2,073 and represents (allowing for change in population) only 41 per cent. of the number registered in 1913, when the official tuberculosis service began.

The number of patients written off the dispensary registers during 1948 as recovered was 312. The number of patients remaining under supervision on 31st December, 1948, was 8,589.

On page 138 is given a comparison of the work of the dispensaries in 1948 and 1937 and this indicates a doubling of the work in nearly every section.

The following table shows since 1913 the new cases of tuberculosis notified each year in the Administrative County together with the case-rate per 1,000 of the population:—

Year	Notifications			Case-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1.54	0.90	2.45
1914	2,820	1,140	3,960	1.61	0.65	2.26
1915	2,872	1,128	4,000	1.64	0.64	2.28
1916	2,689	1,180	3,869	1.52	0.66	2.19
1917	2,375	1,062	3,437	1.35	0.60	1.96
1918	2,534	885	3,419	1.47	0.51	1.98
1919	2,105	847	2,952	1.21	0.48	1.70
1920	2,084	968	3,052	1.20	0.55	1.76
1921	2,044	899	2,943	1.16	0.51	1.67
1922	1,863	956	2,189	1.05	0.54	1.59
1923	1,937	1,188	3,125	1.09	0.66	1.75
1924	1,972	1,120	3,092	1.10	0.62	1.73
1925	1,846	1,027	2,873	1.03	0.57	1.60
1926	1,828	953	2,781	1.02	0.53	1.55
1927	1,794	1,045	2,839	0.99	0.58	1.57
1928	1,660	956	2,616	0.91	0.52	1.44
1929	1,517	913	2,430	0.83	0.50	1.34
1930	1,527	982	2,509	0.84	0.54	1.38
1931	1,460	862	2,322	0.80	0.47	1.28
1932	1,477	825	2,302	0.81	0.45	1.27
1933	1,453	780	2,233	0.80	0.43	1.23
1934	1,315	774	2,089	0.72	0.42	1.15
1935	1,305	672	1,977	0.71	0.36	1.08
1936	1,248	722	1,970	0.67	0.39	1.06
1937	1,314	745	2,059	0.70	0.40	1.10
1938	1,227	805	2,032	0.65	0.42	1.08
1939	1,252	757	2,009	0.65	0.39	1.05
1940	1,340	715	2,055	0.70	0.37	1.08
1941	1,414	732	2,146	0.73	0.38	1.11
1942	1,447	766	2,213	0.76	0.40	1.17
1943	1,456	778	2,234	0.78	0.42	1.20
1944	1,512	665	2,177	0.82	0.36	1.18
1945	1,511	641	2,152	0.82	0.34	1.17
1946	1,663	537	2,200	0.86	0.27	1.14
1947	1,394	519	1,913	0.71	0.26	0.97
1948	1,522	551	2,073	0.75	0.27	1.02

Below are given the number of deaths from tuberculosis recorded in 1948, together with the death-rates per 1,000 of the population; for comparison the average for the five years 1943-47 is also given:—

Respiratory tuberculosis—	Deaths	Death-rate
1948.....	689	0.34
5-year average (1943-47) .....	752	0.37
Non-respiratory tuberculosis—		
1948.....	127	0.06
5-year average (1943-47) .....	162	0.08
All forms—		
1948.....	816	0.40
5-year average (1943-47) .....	914	0.45

Respiratory tuberculosis is again more prevalent among males than among females. Allowing for the difference in the population of the sexes, in 1948 for every 100 deaths of females there were 124 deaths of males, and for every 100 female case notifications there were 115 male case notifications.

The number of deaths from respiratory tuberculosis in 1948 which escaped statutory notification as tuberculous cases during life (i.e., non-notified fatal cases) was 40, or 5.8 per cent. of the total deaths from respiratory tuberculosis. Deaths from non-respiratory tuberculosis during 1948 which escaped notification during life numbered 14, or 11.02 per cent. of the total non-respiratory deaths.



The table below shows the number of deaths registered and the death-rates recorded during the years 1913 to 1948 in the Administrative County:—

Year	Deaths			Death-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0·82	0·30	1·12
1914	1,523	572	2,095	0·87	0·32	1·19
1915	1,614	555	2,169	0·96	0·34	1·30
1916	1,685	471	2,156	1·04	0·29	1·33
1917	1,584	466	2,050	1·00	0·30	1·30
1918	1,652	435	2,087	1·07	0·28	1·35
1919	1,339	358	1,697	0·80	0·22	1·02
1920	1,323	396	1,719	0·76	0·23	0·99
1921	1,301	376	1,677	0·73	0·21	0·95
1922	1,362	389	1,751	0·77	0·22	0·99
1923	1,250	412	1,662	0·70	0·23	0·93
1924	1,215	339	1,554	0·68	0·19	0·87
1925	1,205	361	1,566	0·67	0·20	0·87
1926	1,158	286	1,444	0·64	0·16	0·80
1927	1,105	296	1,401	0·61	0·16	0·77
1928	1,066	287	1,353	0·58	0·15	0·74
1929	1,102	279	1,381	0·60	0·15	0·76
1930	1,046	253	1,299	0·57	0·14	0·71
1931	1,021	266	1,287	0·56	0·14	0·71
1932	975	238	1,213	0·54	0·13	0·67
1933	1,010	232	1,242	0·55	0·12	0·68
1934	848	231	1,079	0·46	0·12	0·59
1935	855	189	1,044	0·46	0·10	0·57
1936	856	192	1,048	0·46	0·10	0·56
1937	865	198	1,063	0·46	0·10	0·57
1938	802	177	979	0·42	0·09	0·52
1939	814	195	1,009	0·42	0·10	0·52
1940	876	188	1,064	0·46	0·09	0·55
1941	838	221	1,059	0·43	0·11	0·55
1942	776	196	972	0·41	0·10	0·51
1943	765	177	942	0·41	0·09	0·50
1944	773	182	955	0·42	0·09	0·51
1945	709	161	870	0·38	0·08	0·47
1946	751	154	905	0·39	0·08	0·47
1947	761	136	897	0·38	0·06	0·45
1948	689	127	816	0·34	0·06	0·40

The following tables show the deaths from respiratory and non-respiratory tuberculosis recorded in the Administrative County during the years 1938-48, analysed according to sex and age:—

		Deaths from Respiratory Tuberculosis						
		All Ages	Age Groups—Years					
			0—14	15—24	25—34	35—44	45—64	65 and over
MALES—								
1938	472	2	58	98	99	183	32	
1939	479	6	56	89	85	208	35	
1940	503	11	57	89	105	197	44	
1941	474	4	50	88	115	186	31	
1942	442	3	57	86	99	167	30	
1943	482	4	57	86	90	202	43	
1944	459	5	49	64	90	208	43	
1945	436	8	50	61	81	185	51	
1946	462	7	42	70	99	192	52	
1947	430	8	35	66	86	201	34	
1948	395	8	25	72	65	174	51	
FEMALES—								
1938	330	10	100	95	53	62	10	
1939	335	10	92	112	48	61	12	
1940	373	14	119	100	67	52	21	
1941	364	11	105	109	59	62	18	
1942	334	8	100	87	54	72	13	
1943	283	10	85	79	50	50	9	
1944	314	7	96	105	48	41	17	
1945	273	8	75	88	44	39	19	
1946	289	8	67	98	55	46	15	
1947	331	7	93	101	58	41	31	
1948	294	10	72	92	50	43	27	

	Deaths from Non-respiratory Tuberculosis						
	All Ages	Age Groups—Years					
		0—14	15—24	25—34	35—44	45—64	65 and over
MALES—							
1938	91	34	21	6	9	12	9
1939	106	50	15	7	9	22	3
1940	102	45	19	13	10	9	6
1941	114	45	18	17	13	19	2
1942	94	44	12	12	12	12	2
1943	89	49	10	8	8	11	3
1944	106	54	11	14	9	13	5
1945	75	48	5	3	7	8	4
1946	82	43	6	7	9	11	6
1947	69	34	13	3	3	12	4
1948	57	25	7	3	5	11	6
FEMALES—							
1938	86	37	14	13	5	13	4
1939	89	32	20	15	6	13	3
1940	86	33	20	12	7	11	3
1941	107	56	16	13	9	12	1
1942	102	42	18	18	9	15	—
1943	88	34	21	8	10	8	7
1944	76	34	12	12	7	5	6
1945	86	44	12	6	8	11	5
1946	72	31	14	6	5	12	4
1947	67	34	9	5	7	10	2
1948	70	35	12	3	5	8	7

Deaths of children from respiratory and from non-respiratory tuberculosis during the years 1929 to 1948 are shown below:—

*Deaths from tuberculosis among children in the Administrative County.*

	5-year average					1944	1945	1946	1947	1948
	1929-33	1934-38	1939-43							
Respiratory tuberculosis—										
Aged 0—4 years .....	5	3	7		8	5	6	11	9	
Aged 5—14 years .....	21	11	8		4	11	9	4	9	
Non-respiratory tuberculosis—										
Aged 0—4 years .....	70	54	59		66	56	50	41	41	
Aged 5—14 years .....	42	29	27		22	36	24	27	19	

The tuberculosis deaths and death-rates in the various County districts and in the dispensary areas are given in the table on pages 144 to 146.

**Co-operation with County Boroughs and the Isle of Man.**—The County Council, by agreement with Blackburn Corporation, in 1944 undertook responsibility for the Borough tuberculosis scheme. Blackburn was consequently assimilated in Dispensary Area 2, and Dr. G. Barker Charnock, the consultant tuberculosis officer for Area 2, became responsible for the tuberculosis work of the Borough, including X-ray examinations, artificial light treatment, A.P. refills, etc.

During 1948, 611 new Borough patients were examined, and at the end of the year there were 461 patients on the Blackburn dispensary register, of whom 58 were undergoing institutional treatment.

Co-operation on sections of the tuberculosis scheme, e.g., institutional treatment, major thoracic surgery, artificial pneumothorax refills, existed with several of the Lancashire County Boroughs, namely, Southport, Bootle, Preston, etc., and with the Isle of Man Local Government Board.

With regard to the last-named, one of our tuberculosis officers (Dr. J. L. Armour) visited the island monthly to examine patients and to supervise their treatment at the dispensary and the sanatorium; Manx patients requiring specialised treatment are sent to our Lancashire institutions.



**Work of the Dispensary Organisation.**—Attention is drawn in the following statement to the very large increases in new cases examined, X-ray examinations, and artificial pneumothorax refills when the years 1948 and 1937 are compared. The increase in new cases reflects the ever-growing use made by general practitioners of our consultant physicians for all kinds of chest complaints, respiratory and non-respiratory:

	1937	1947	1948
New cases examined .....	4,799	7,875	11,480
New contacts examined .....	1,030	2,277	
Re-examinations of "old" patients and "old" contacts .....	24,505	41,473	42,543
Patients' attendances at dispensaries .....	25,707	48,828	55,076
Visits by tuberculosis officers to patients' homes .....	4,627	2,797	1,967
X-ray examinations made in connection with dispensary work .....	11,091	40,032	43,487
Sputum examinations made in connection with dispensary work .....	7,734	10,759	11,346
Artificial pneumothorax refills given at the dispensaries .....	2,212	11,201	11,498
Pneumoperitoneum refills given at the dispensaries .....	—	696	943
Patients' dispensary attendances for artificial light treatment .....	27,604	6,395	6,026
Consultations with medical practitioners—			
Personal .....	592	420	402
Other .....	6,822	9,757	12,524
Examinations of persons referred by Medical Boards under the National Service (Armed Forces) Act, 1939 .....	—	159	141
Examinations of entrants to industry under the Sandstone (Silicosis) Scheme, 1929.....	62	5	12
Visits by tuberculosis health visitors to patients' homes .....	41,493	34,330	32,811
Examination of patients for suitability of training under Ministry of Labour Training Scheme .....	—	—	10

**Care and After-care.**—On the 4th July, 1948, the following voluntary care committees (covering a population of 419,200) were recognised by the County Tuberculosis Committee, who made grants to them of 50 per cent. of the actual expenditure on assistance to patients:—

Ashton-under-Lyne and District.  
 Chorley and District.  
 Horwih.  
 Huyton-with-Roby.  
 Lancaster and District.  
 Leigh and District.  
 Prescott and District.  
 Prestwich.  
 Radcliffe, Whitefield and District Relief Fund.  
 Widnes.

Assistance was given, through the Voluntary Care Committees, in the form of the provision of milk, groceries, clothing, etc., to necessitous tuberculous patients. These committees co-operated with the dispensary staffs and it was usual for the tuberculosis officer, together with one or more of the tuberculosis health visitors, to be prominent members of the care committee's organisation.

As this was purely voluntary after-care work, the committees were not immediately affected by the new social legislation, and continued to be financially assisted through the Health Committee of the Lancashire County Council.

In the remainder of the Administrative County not covered by voluntary committees, care work continued to be carried out by the dispensary organisation, the senior chest physician of each of the eight areas having a sum of money allotted by the County Council.

The Tuberculosis Health Visitors rendered valuable assistance in reporting on necessitous cases.

On the 5th July, 1948, the war-time scheme of tuberculosis maintenance allowances ceased, and the work was transferred to the new National Assistance Board, but under slightly different conditions. Certain categories of patients are assisted on a more generous scale of assistance.

**Mass Radiography.**—In reporting on the work of mass radiography units there is an unavoidable time-lag between the completion of a survey and the ascertainment of the results of that survey. This is due to the doubtful nature of many of the abnormalities discovered, and the need for observation, sometimes prolonged, before a final diagnosis can be made. In consequence, the figures now presented refer to surveys which ended in April, 1948.

Seventeen surveys have been carried out between October, 1943, when mass radiography came into operation, and April, 1948. The first eight of these surveys, covering 74,000 persons, were dealt with in the 1945 annual report of the Central Consultant Tuberculosis Officer, and the following statement relates to surveys 9 to 17 which were carried out from February, 1946, to April, 1948:—

Net number examined by mass radiography .....	93,004
Notifiable respiratory tuberculosis:—	
(a) Active .....	184
(b) Inactive .....	86
	270
Per 1,000 examinees .....	2.90
Non-significant respiratory tuberculosis:—	
(a) Inactive .....	513
(b) Healed .....	1,975
	2,488
Per 1,000 examinees .....	26.75
Positive sputum cases .....	64
Per 1,000 examinees .....	0.68
Persons recommended for sanatorium treatment .....	137
Per 1,000 examinees .....	1.47
Non-tuberculous abnormalities .....	2,990
Per 1,000 examinees .....	32.15
Non-tuberculous conditions requiring investigation .....	421
Per 1,000 examinees .....	4.52
Number of persons already on the dispensary register and not included in the above figures .....	55
Number of examinees classified as "normal" .....	87,256=93.8% of total examined
Persons recalled for large films .....	3,417=3.67% of total examined
Persons recalled for clinical examination or interview.....	1,962= 2.1% of total examined
Persons referred to Tuberculosis Officer .....	770= 0.8% of total examined
Persons referred to own Doctor or Hospital.....	490= 0.5% of total examined

The total number of persons X-rayed (93,000) represents just over two years' work for a single unit, plus some 8,000 persons examined by a second unit. This gives an average of about 40,000 examinees per annum per unit, which is generally accepted as a reasonable figure.

The incidence of notifiable respiratory tuberculosis among these 93,000 persons was 2.9 or 2.9 per 1,000. The corresponding figure for the first eight surveys was 4.6 per 1,000, suggesting that in the later groups there has been a much smaller incidence of tuberculosis. In this connection it is important to bear in mind the fact that the earlier series referred to war time conditions, whereas the later surveys took place after the end of the war. It was noted in the 1945 report that "in normal times mass radiography will probably detect less respiratory tuberculosis in factory personnel", on the assumption that although in war-time the need for man-power must over-ride other considerations, with the return of peace tuberculous patients could exercise more discrimination as to whether they undertook regular work or not.

The 2.9 per 1,000 found to have tuberculosis does not indicate a reduction in the incidence of the disease in the general population, but only in those at work in our factories and offices.

Actually the number of definite cases of respiratory tuberculosis taken on the County dispensary registers increased from 2,156 in 1944 and 1945 to 2,204 in 1946 and 1947.

The personnel of a mass radiography unit changes from time to time, and it might be thought that changes in the statistics could be accounted for by the differing views of medical directors. But in such a factual matter as the number of positive sputum cases discovered, there is little room for personal bias, and it is instructive to note that this figure was 0.68 per 1,000 examinees in the present series, compared with 1.13 in the earlier series, indicating a real difference in the prevalence of tuberculosis.

Regarding non-tuberculous conditions, the same tendency is apparent for the later figures to be less than the earlier ones, and presumably for the same reasons. In the present series 4.5 persons per 1,000 examined were found to have non-tuberculous abnormalities requiring full investigation, compared with 5.8 per 1,000 in the previous series. Generally speaking, these conditions are not of great importance: of the total non-tuberculous findings, those most frequently requiring investigation were bronchiectasis, pulmonary fibrosis and pneumoconiosis.



Taking the results of surveys 9—17 to be representative of peace-time surveys in this part of the country, the following are the important findings as regards tuberculosis:—

2.9 persons per 1,000 examined are found to have notifiable respiratory tuberculosis.

1.5 persons per 1,000 examined are found to require sanatorium treatment.

0.7 persons per 1,000 examined have a positive sputum.

There are now four mass radiography units working in the Manchester Region, and this number may possibly be increased. Taking the annual "turnover" of each unit as 40,000 persons, some 240 recommendations for sanatorium treatment may be expected to arise annually in the immediate future, as the result of mass radiography.

With an average period of sanatorium treatment of six months, which has been the case in the past, this means the demand for additional beds is less than 5 per cent. of the sanatorium beds now in use.

It appears, therefore, that mass radiography is not likely to make such serious demands on our sanatorium accommodation that they cannot be met reasonably; and the frequently used argument that it is no use discovering tuberculosis by mass radiography because the patient cannot be treated when discovered, cannot be regarded as valid.

Regarding the general operation of mass radiography units, it is apparently the intention of the Ministry that every unit shall be made fully mobile by mounting all the equipment in a motor van in which there is space for an X-ray room and a dark room. It will still be necessary, however, to arrange for dressing and interviewing rooms in a permanent building, each time a survey is to take place. It must also be borne in mind that the van can only be used where it can be linked up with such a building away from a main road, because the passage of examinees between the dressing rooms and the van has to be carried out in a partly undressed state. The necessity for rooms in a permanent building will no doubt make it desirable to concentrate surveys on particular sites, so that when the unit has been set up in conjunction with suitable premises, as many persons as possible from the surrounding neighbourhood should be encouraged to make use of the facilities while they are available in the locality.

**Transferred property.**—Under the National Health Service Act, 1946, the following sanatoria, hospitals, and dispensaries previously administered by the Lancashire County Council were transferred to the Manchester or Liverpool Regional Hospital Boards:—

#### INSTITUTIONS

	Number of beds available	
	Male	Female
<i>Owned by the County Council :—</i>		
High Carley Sanatorium, near Ulverston .....	64	65
Elswick Sanatorium, near Kirkham .....	37	33
Peel Hall Pulmonary Hospital, Little Hulton .....	52	—
Rufford Pulmonary Hospital, near Ormskirk .....	—	52
Withnell Pulmonary Hospital, near Chorley .....	52	—
Wrightington Hospital, near Wigan .....	108	121
	(123 children)	
Wolstenholme Pulmonary Hospital, near Rochdale .....	52	—
<i>Leased by County Council :—</i>		
Brinscall Pulmonary Hospital, near Chorley .....	18	—
Chadderton Pulmonary Hospital, near Oldham .....	—	52
	383	323
Children .....		706
		123
		829

#### DISPENSARIES (OR CHEST CLINICS)

##### *Owned by the County Council :—*

8 Middle Street, Lancaster.  
 34 St. Thomas' Road, Chorley.  
 12 Walton's Parade, Preston.  
 "High Lea", 212 Whalley Road, Accrington.  
 64 Carr Road, Nelson.  
 Knott Hill House, Stacksteads.  
 Lees Street, Ashton-under-Lyne.  
 Brook Street, Chadderton.  
 41 Darbyshire Street, Radcliffe.  
 168 Drake Street, Rochdale.  
 19-23 Darley Street, Farnworth.

121 Station Road, Pendlebury.  
 14 Derbyshire Lane, Stretford.  
 "Ellesmere", Crosby Road North, Waterloo.  
 14 Blue Bell Lane, Huyton.  
 90 Hardshaw Street, St. Helens.  
 69 Albion Place, Ulverston.  
 23 Poulton Road, Fleetwood.  
 3 Mesnes Park Terrace, Wigan.  
 7 Claremont Road, Seaforth (used in connection with Mass Miniature Radiography).

##### *Leased by County Council :—*

20 Railway Road, Darwen.  
 13 Church Street, Leigh.  
 28-30 Gilda Brook Road, Eccles.  
 Chapel Street, Widnes.

As the various Hospital Management Committees were not sufficiently organised, as at the 5th July, 1948, to manage these premises, the County Council acted as "agents" for them and it was not until the 31st December, 1948, that the complete change-over took place.

**Position on the 4th-5th July, 1948.**—COMMITTEE.—The control of the Tuberculosis Scheme of the Lancashire County Council up to the time of the operation of the National Health Service Act of 1946, was delegated to the County Tuberculosis Committee which consisted of the following members:—

*County Aldermen* : H. Hyde (Chairman of the Council), A. Smith (Vice-Chairman of the Council), Dr. P. F. Mannix (Chairman of the Committee), H. Bright, Dr. H. F. Jeffery, W. T. Miller and Lady Openshaw.

*County Councillors* : Dr. A. Clein, F. H. Dodd, C. W. Doodson, J. E. Evans, Miss E. R. Garnett, E. Houghton, G. E. Hardman (Vice-Chairman of Committee), C. Hargreaves, J. R. Hull, J. E. Leaver, Herbert Norcross, E. Smethurst, J. W. Thorley, J. Welch, and F. Wilkinson.

On the 4th July, 1948, the County Tuberculosis Committee went out of office, and the work under the "agency arrangements" until the end of the year was in the charge of a special joint committee consisting of representatives of the several displaced committees of the Council.

**STAFF OF THE TUBERCULOSIS DEPARTMENT.**—The staff of the department on the Appointed Day (5th July, 1948) was as follows:—

*Central Consultant Tuberculosis Officer.*—Dr. F. C. S. Bradbury.

*Dispensary Area 1 (population 279,462; dispensaries at Lancaster, Preston and Chorley; hospital at Lancaster);* Dr. H. J. Villiers (Consultant Tuberculosis Officer); Dr. C. V. Stevenson (Assistant); Tuberculosis Health Visitors: Nurses Crone, Dickinson, Sanderson and Wilkinson.

*Area 2 (population 302,424; dispensaries at Accrington, Darwen, Nelson, Stacksteads and Blackburn; hospitals at Withnell and Brinscall);* Dr. G. B. Charnock (Consultant Tuberculosis Officer), Dr. R. Stalker (Assistant), Dr. J. N. Parker (Assistant); Tuberculosis Health Visitors: Nurses Ennis, M. Evans, Hall, Haworth, Midgley, Scott, Sheridan and C. E. Watterson.

*Area 3 (population 387,111; dispensaries at Ashton-under-Lyne, Chadderton, Radcliffe and Rochdale; hospital at Norden);* Dr. G. Fletcher (Consultant Tuberculosis Officer), Dr. E. Clifford-Jones (Assistant), Dr. J. S. Law (Assistant); Tuberculosis Health Visitors: Nurses Crebbin, Flynn, Hanmer, Krogman, Reilly, Swift and Williams.

*Area 4 (population 379,545; dispensaries at Leigh, Eccles, Farnworth, Pendlebury and Stretford; hospital at Little Hulton);* Dr. J. L. Armour (Consultant Tuberculosis Officer), Dr. W. Fettes (Assistant), Dr. P. E. Cosgrove (Assistant); Tuberculosis Health Visitors: Nurses Boardman, Blakemore, Gibson, Jones, Shakespeare, Smith and Walker.

*Area 5 (population 361,007; dispensaries at Waterloo, Huyton, St. Helens and Widnes; hospital at Rufford);* Dr. C. Berry (Consultant Tuberculosis Officer), Dr. D. O. Hughes (Assistant), Dr. P. A. Morris (Assistant); Tuberculosis Health Visitors: Nurses Farquhar, Judge, McKeown, Rayner, Smith, and Webster.

*Furness Area (population 39,639; dispensary at Ulverston; sanatorium at High Carley, Near Ulverston);* Dr. G. Leggat (Consultant Tuberculosis Officer); Tuberculosis Health Visitor, Nurse Cummings.

*Fylde Area (population 102,726; dispensaries at Fleetwood and Elswick Sanatorium; hospital at Elswick Sanatorium, Near Kirkham);* the late Dr. A. B. Jamieson (Consultant Tuberculosis Officer), Dr. J. N. Parker (Assistant); Tuberculosis Health Visitor, Nurse E. Watterson.

*Wigan County Area (population 107,246; dispensary at Wigan; hospital at Wrightington, Appley Bridge);* Dr. E. H. W. Deane (Consultant Tuberculosis Officer); Tuberculosis Health Visitors, Nurses Walters and M. J. Evans.

*Visiting Consultant Surgical Staff: Wrightington Hospital*—Orthopaedic Surgeons—Professor Sir Harry Platt, Professor T. P. McMurray, C.B.E.; Chest Surgeons—Mr. F. R. Edwards, Mr. W. F. Nicholson; Gynaecological Surgeon—Mr. M. M. Datnow; Ophthalmic Surgeon—Mr. J. A. McCann; Honorary Urological Surgeon—Professor C. A. Wells; Urological Surgeon—Mr. J. Cosbie Ross; Ear, Nose and Throat Specialist—Mr. G. G. Mowat; Anaesthetists for chest surgery—Dr. J. Halton, Dr. T. Dinsdale. Thoracic Surgery—Consultant Adviser in Thoracic Surgery—Mr. H. Morriston Davies. *High Carley Sanatorium (130 beds)*—Chest Surgeon—Mr. W. F. Nicholson; Anaesthetist—Dr. T. Dinsdale. *Elswick Sanatorium (70 beds)*—Chest Surgeons—Mr. F. R. Edwards, Mr. W. F. Nicholson; Anaesthetist—Dr. J. Halton.



*Visiting Dental Surgeons* : High Carley Sanatorium—Mr. A. Miller. Elswick Sanatorium—Dr. R. D. Allison. *Wrightington Hospital*—Mr. J. J. Ward.

*Senior Administrative Staff* : Messrs. H. F. Hughes, M.A., F.S.S. (administrative assistant); H. Bradshaw (chief clerk), E. F. B. Hindle (chief steward), I. Parker, P. Boardman, J. Totty and M. H. Seddon.

**County Council Dispensaries.**—Below is a statement, following the form required by the Ministry of Health under Memorandum 37/T, for the year 1948, at the County Council Dispensaries:—

1. Number of cases on dispensary registers on 1st January, 1948 .....	8,589	6. Number of visits by tuberculosis officers to homes (including personal consultations).....	1,967
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years .....	278	7. Number of visits by nurses or health visitors to homes for dispensary purposes .....	32,811
3. Number of cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme, and cases "lost sight of" .....	378	8. Number of— (a) Specimens of sputum, etc., examined .....	11,346
		(b) X-ray examinations made in connection with dispensary work .....	43,487
4. Cases written off during the year as dead (all causes) .....	702	9. Number of "recovered" cases restored to dispensary registers .....	54
5. Number of attendances at the dispensaries (including contacts) .....	55,076	10. Number of consultations with medical practitioners:— (a) Personal .....	402
		(b) Other .....	12,524

Number of dispensaries for the treatment of tuberculosis (excluding centres used only for special forms of treatment):—

Provided by County Council .....24      Provided by voluntary bodies..... Nil

Number of examinations of persons referred by Civilian Medical Boards under the National Service (Armed Forces) Act, 1939 .....	141
Number of examinations of entrants to industry under Sandstone (Silicosis) Scheme, 1929.....	12
Number of visits by tuberculosis officers to sanatoria and pulmonary, special, and public assistance hospitals .....	431
Number of special visits by tuberculosis officers, i.e., interviews with medical officers of health, hospital officials .....	189

**BLACKBURN DISPENSARY.**—As stated on page 137, the County Council, by agreement with the Blackburn Corporation, in 1944 undertook responsibility for the Borough tuberculosis scheme. Blackburn was consequently assimilated in Dispensary Area 2, and Dr. G. Barker Charnock, the Consultant Tuberculosis Officer for Area 2, became responsible for the tuberculosis work of the Borough, including X-ray examinations, artificial light treatment, A.P. refills, etc.

Regular sessions were held at the Blackburn Dispensary for the diagnosis and treatment of patients, monthly reports showing the work done through the dispensary were forwarded to the Medical Officer of Health during the year.

During 1948, 611 new Borough patients were examined and at the end of the year there were 461 patients on the dispensary register, of whom 58 were undergoing institutional treatment.

The following statement shows the various phases of the work carried out at Blackburn Dispensary during 1948:—

New cases and new contacts examined .....	611
Re-examinations of "old" patients and "old" contacts .....	494
Patients' attendances at the dispensary .....	5,056
Visits by tuberculosis officer to patients' homes .....	67
X-ray examinations made in connection with dispensary work .....	2,074
Sputum examinations made in connection with dispensary work .....	884
Artificial pneumothorax refills given at the dispensary .....	584
Patients' dispensary attendances for artificial light treatment .....	197
Consultations with medical practitioners—	
Personal .....	80
Other .....	1,487
Visits by tuberculosis health visitors to patients' homes .....	3,009

**Visits of Overseas Medical Officers.**—The County tuberculosis scheme continued to interest medical officers from overseas, and the following visited Lancashire in 1948 to study the scheme:—

Dr. M. H. Sherif, Sudan; Dr. L. J. Poole, Fiji Islands; Dr. Piatowska, Poland; Dr. Araneta, Phillipines; Dr. Sikand, New Delhi; Dr. S. Chen, South China.

Similar arrangements have continued to be made by medical officers from overseas during 1949.

**Statistics.**—**CENSUS OF TUBERCULOSIS CASES.**—The following statement refers to cases in the Administrative County on the County dispensary registers on the 31st December, 1948:—

Dispensary area	Number of cases under supervision on 31st December, 1948								Number of doubtful cases on 31st Dec., 1948
	Sex	Respiratory tuberculosis		Non-respiratory tuberculosis		Total	Number of cases per 1,000 of population		
		Under 15 years of age	15 years and over	Under 15 years of age	15 years and over		Respiratory	Non-respiratory	
No. 1 .....	M.	15	393	94	94	1,110	2.48	1.41	6
	F.	10	290	103	111				
No. 2 .....	M.	8	467	127	114	1,308	2.55	1.68	2
	F.	11	301	114	166				
No. 3 .....	M.	25	663	77	131	1,647	3.08	1.09	9
	F.	23	506	67	155				
No. 4 .....	M.	17	588	93	138	1,522	2.74	1.17	7
	F.	11	450	62	163				
No. 5 .....	M.	31	622	116	123	1,675	3.23	1.21	nil
	F.	33	533	110	107				
Furness .....	M.	12	95	26	23	297	4.95	2.43	1
	F.	9	83	23	26				
Fylde .....	M.	1	165	33	27	406	2.62	1.22	2
	F.	1	110	35	34				
Wigan County .....	M.	11	184	83	39	624	3.45	2.30	3
	F.	14	166	55	72				
Total .....	M.	120	3,177	649	689	8,589	2.91	1.36	30
	F.	112	2,439	569	834				
		5,848		2,741					

The populations of the dispensary areas were:—

Area 1 .....	284,032	Area 5 .....	376,579
Area 2 .....	308,780	Furness .....	40,179
Area 3 .....	394,676	Fylde .....	105,633
Area 4 .....	388,522	Wigan County .....	108,749
Total for County .....	2,007,150.		



DEATHS AND DEATH-RATES.—The number of deaths from tuberculosis in 1948 in the 109 County districts and in the eight County dispensary areas are given, together with the equivalent rates, in the following tabular statement:—

County District	Estimated Population, 1948	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1948	Death-rate per 1,000 of population, 1948	Average death-rate five years, 1943-47	Number of deaths, 1948	Death-rate per 1,000 of population, 1948
<i>Urban</i>						
Abram.....	5,957	—	—	0·24	—	—
Accrington B. ....	40,180	13	0·32	0·46	1	0·02
Adlington .....	4,000	—	—	0·21	—	—
Ashton-in-Makerfield .....	18,990	4	0·21	0·55	3	0·16
Ashton-under-Lyne B. ....	46,270	25	0·54	0·51	6	0·13
Aspull .....	6,474	3	0·46	0·44	1	0·15
Atherton .....	20,700	5	0·24	0·20	—	—
Audenshaw.....	12,650	3	0·23	0·35	1	0·08
Bacup B. ....	18,320	6	0·33	0·47	1	0·05
Barrowford.....	4,500	2	0·44	0·35	1	0·22
Billinge and Winstanley .....	5,886	—	—	0·16	1	0·17
Blackrod .....	3,094	2	0·64	0·35	—	—
Brierfield .....	6,900	5	0·72	0·30	1	0·14
Carnforth .....	3,381	2	0·60	0·48	1	0·30
Chadderton .....	31,270	9	0·29	0·35	2	0·06
Chorley B. ....	32,590	13	0·40	0·25	—	—
Church .....	5,198	1	0·19	0·56	—	—
Clayton-le-Moors .....	6,698	1	0·15	0·36	—	—
Clitheroe B. ....	11,890	3	0·25	0·32	2	0·17
Colne B. ....	20,840	9	0·43	0·44	—	—
Crompton .....	12,620	7	0·55	0·31	—	—
Crosby B. ....	59,060	30	0·51	0·71	3	0·05
Dalton-in-Furness.....	10,480	6	0·57	0·61	—	—
Darwen B. ....	30,850	10	0·32	0·34	1	0·03
Denton .....	25,380	9	0·35	0·43	3	0·11
Droylsden .....	27,290	15	0·55	0·57	1	0·04
Eccles B. ....	43,870	10	0·23	0·47	3	0·06
Failsworth .....	18,040	11	0·61	0·52	1	0·05
Farnworth B. ....	28,350	8	0·28	0·47	1	0·04
Fleetwood B. ....	27,160	14	0·51	0·48	—	—
Formby .....	9,576	6	0·63	0·33	—	—
Fulwood .....	12,680	1	0·08	0·49	1	0·08
Golborne .....	16,140	2	0·12	0·28	1	0·06
Grange-over-Sands .....	2,719	1	0·37	0·29	—	—
Great Harwood .....	10,810	3	0·28	0·46	—	—
Haslingden B. ....	14,540	2	0·14	0·19	1	0·17
Haydock .....	11,880	6	0·50	0·39	1	0·08
Heywood B. ....	24,940	14	0·56	0·27	—	—
Hindley .....	19,320	5	0·26	0·31	—	—

County District	Estimated Population, 1948	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1948	Death-rate per 1,000 of population, 1948	Average death-rate five years, 1943-47	Number of deaths, 1948	Death-rate per 1,000 of population, 1948
<i>Urban—continued</i>						
Horwich .....	15,370	4	0·26	0·39	—	—
Huyton-with-Roby .....	53,330	30	0·56	0·63	9	0·17
Ince-in-Makerfield .....	20,380	2	0·10	0·49	3	0·14
Irlam .....	15,020	3	0·20	0·46	3	0·10
Kearsley .....	10,450	2	0·19	0·46	3	0·28
Kirkham .....	4,704	1	0·21	0·24	—	—
Lancaster B. ....	50,250	19	0·37	0·42	4	0·08
Lees .....	4,218	1	0·23	0·45	—	—
Leigh B. ....	48,220	17	0·35	0·29	3	0·06
Leyland .....	14,490	—	—	0·22	1	0·07
Litherland .....	22,120	19	0·86	0·76	1	0·05
Littleborough.....	10,800	3	0·28	0·25	1	0·09
Little Lever .....	4,762	—	—	0·36	1	0·21
Longridge .....	3,970	3	0·75	0·29	—	—
Lytham St. Annes B. ....	30,310	8	0·26	0·25	2	0·06
Middleton B. ....	32,190	11	0·34	0·44	2	0·07
Milnrow .....	8,418	—	—	0·27	—	—
Morecambe and Heysham B. ....	36,770	20	0·54	0·40	1	0·03
Mossley B. ....	10,430	4	0·38	0·29	3	0·28
Nelson B. ....	34,530	19	0·55	0·37	4	0·13
Newton-le-Willows .....	21,410	7	0·33	0·45	1	0·05
Ormskirk .....	20,030	9	0·45	0·28	3	0·14
Orrell .....	8,773	—	—	0·35	—	—
Oswaldtwistle .....	12,150	2	0·16	0·43	1	0·08
Padiham .....	10,040	4	0·40	0·40	—	—
Poulton-le-Fylde .....	7,630	3	0·39	0·22	1	0·13
Preesall .....	2,207	—	—	0·20	—	—
Prescot .....	12,290	7	0·57	0·48	1	0·08
Prestwich B. ....	34,760	8	0·23	0·31	—	—
Radcliffe B. ....	27,700	4	0·15	0·28	—	—
Rainford .....	3,898	2	0·51	0·33	—	—
Ramsbottom .....	14,390	2	0·14	0·32	2	0·14
Rawtenstall B. ....	25,140	11	0·43	0·38	3	0·12
Rishton .....	5,644	2	0·35	0·43	—	—
Royton .....	14,840	9	0·60	0·46	1	0·07
Skelmersdale .....	6,095	1	0·17	0·30	—	—
Standish-with-Langtree .....	8,932	2	0·22	0·21	—	—
Stretford B. ....	61,400	24	0·39	0·53	5	0·08
Swinton & Pendlebury B. ....	41,230	7	0·17	0·49	2	0·05
Thornton Cleveleys .....	15,790	4	0·25	0·21	—	—
Tottington .....	6,080	1	0·16	0·17	1	0·16
Trawden .....	2,020	—	—	0·89	—	—



County District	Estimated Population, 1948	Respiratory Tuberculosis			Non-respiratory Tuberculosis	
		Number of deaths, 1948	Death-rate per 1,000 of population, 1948	Average death-rate five years, 1943-47	Number of deaths, 1948	Death-rate per 1,000 of population, 1948
<i>Urban—continued</i>						
Turton .....	10,930	4	0·37	0·22	1	0·09
Tyldesley .....	18,060	9	0·49	0·29	—	—
Ulverston .....	9,850	6	0·60	0·40	—	—
Upholland .....	6,123	2	0·33	0·33	—	—
Urmston .....	38,560	8	0·21	0·29	1	0·03
Walton-le-dale .....	14,730	3	0·20	0·36	1	0·06
Wardle .....	4,201	3	0·71	0·28	2	0·47
Westhoughton .....	14,940	3	0·20	0·20	3	0·20
Whitefield .....	13,030	1	0·08	0·33	—	—
Whitworth .....	7,469	4	0·53	0·32	2	0·27
Widnes B. ....	47,440	22	0·46	0·66	4	0·08
Withnell .....	2,840	2	0·70	0·50	—	—
Worsley .....	26,820	11	0·41	0·27	1	0·04
Total Urban .....	1,719,667	619	0·35	0·43	115	0·07
<i>Rural</i>						
Blackburn .....	12,700	3	0·23	0·25	—	—
Burnley .....	16,340	10	0·61	0·22	1	0·06
Chorley .....	26,940	2	0·07	0·22	—	—
Clitheroe .....	8,560	1	0·12	0·31	2	0·23
Fylde .....	12,510	2	0·16	0·18	—	—
Garstang .....	12,670	2	0·16	0·18	1	0·08
Lancaster .....	11,010	4	0·36	0·29	—	—
Limehurst .....	7,690	2	0·26	0·43	—	—
Lunesdale .....	6,749	—	—	0·23	1	0·14
Preston .....	37,820	7	0·19	0·27	2	0·08
Ulverston .....	17,130	4	0·23	0·29	1	0·06
Warrington .....	27,080	6	0·22	0·36	—	—
West Lancashire .....	44,010	15	0·35	0·34	2	0·05
Whiston .....	38,360	10	0·26	0·31	1	0·03
Wigan .....	7,914	1	0·13	0·28	—	—
Total Rural .....	287,483	69	0·24	0·28	11	0·04
Total for Administrative County .....	2,007,150	688	0·34	0·41	126	0·06
<i>Dispensary Area</i>						
No. 1 .....	289,354	84	0·30	0·32	13	0·05
No. 2 .....	308,780	111	0·36	0·38	20	0·06
No. 3 .....	394,676	146	0·37	0·40	28	0·07
No. 4 .....	388,522	109	0·28	0·42	27	0·07
No. 5 .....	376,579	170	0·45	0·50	26	0·07
Furness .....	40,179	17	0·42	0·42	1	0·02
Fylde .....	100,311	32	0·31	0·31	3	0·03
Wigan County .....	108,749	19	0·17	0·40	8	0·07

## SHOPS ACTS

**The Shops Acts, 1912-38.**—The County Council is the “local authority” for the purpose of enforcing the provisions of the Shops Acts in the Administrative County area, except in the 24 municipal boroughs and nine urban districts which had a population of over 20,000 at the last published census.

The power to make closing, half-holiday, and other Orders is conferred on the County Council, but this power so far as it relates to the Shops Act, 1912, as amended by the 1928 Act and subsequent Acts, has been delegated by the County Council in 27 instances to urban district councils, the County Council retaining in these districts the power of supervision, prosecution, etc.

The following list enumerates the Statutes administered by the County Council:—

The Shops Act, 1912 .....	General provisions relating to conditions of employment, closing of shops on the weekly half-holiday, local Orders.
The Shops Act, 1913 .....	Special provisions relating to premises for the sale of refreshments.
The Shops (Hours of Closing) Act, 1928 .....	General closing hours, suspension of the Act and Closing Orders on special occasions.
The Shops Act, 1934 .....	The employment of young persons, health and welfare of shop assistants, etc.
The Shops Act, 1936 .....	Application of Shops Acts to lending libraries.
Retail Meat Dealers' Shops (Sunday Closing) Act, 1936.....	Compulsory closing of retail meat traders' shops and stalls on Sundays.
The Shops (Sunday Trading Restriction) Act, 1936 .....	Restriction of retail trading on Sundays, regulated according to defined limits.
Young Persons (Employment) Act, 1938 .....	Employment of young persons in occupations not covered by the Shops Act, 1934.

**THE SHOPS ACT, 1934.**—On the 1st June, 1937, a scheme under this Act was put into operation, which provided for the inspectorial duties assigned to the County Council to be undertaken by the Sanitary Inspectors of the County districts in their respective areas. These duties include the enforcement of the provisions of the Act in regard to:—

- (a) The hours of employment of young persons.
- (b) Inspection of records and notices.
- (c) Means of lighting, washing facilities, and facilities for meals.
- (d) Seats for female shop assistants.

During the war and the two years immediately following, very few inspections were carried out under the scheme.

On the 1st July, 1948, however, the County Council appointed a whole-time County Inspector of Shops, and the scheme above referred to was revived. With a few exceptions the local authorities in the Administrative County agreed to their officers performing the duties under the Shops Act, 1934, on behalf of the County Council on payment to the local authority at the rate of one shilling per shop per annum (two inspections) with a minimum payment of £3 per annum in respect of those districts with less than 60 shops.

**ORDERS.**—Defence Regulation 60 A.B., which amended the Shops (Hours of Closing) Act, 1928, and prescribed the arrangements for early closing of shops during the winter months, remained operative during 1948. The closing hours fixed by the Regulations are 7.30 p.m. on the “late day” and 6.0 p.m. on the other days of the week, but the County Council have power to extend these hours up to 8.0 p.m. on the “late day” and one other “late day” and 7.0 p.m. on other days of the week.

At the request of local authorities in the Administrative County Shops area the County Council on the 27th October, 1948, made an Order under the above Act, as amended, fixing the “late day” and the special closing hour in 57 districts and the “late day” for the trade of barber or hairdresser in 10 districts. The Order became operative on Sunday, the 7th November, 1948, and continued in operation until Saturday, the 5th March, 1949, inclusive.

In addition to the above, an Order was made in connection with an Exhibition, granting exemption from the general closing hours prescribed by the Shops (Hours of Closing) Act, 1928, and also from the weekly half-holiday under the Shops Act, 1912.

**OFFENCES.**—Although no legal proceedings were instituted during the year under report, 113 persons were cautioned in respect of minor offences under the Acts.





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TABLES, ETC.

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ADMINISTRATIVE COUNTY OF LANCASTER

BIRTH AND DEATH RATES, 1889-1948

LIVE BIRTH RATE ——— DEATH RATE - - - -

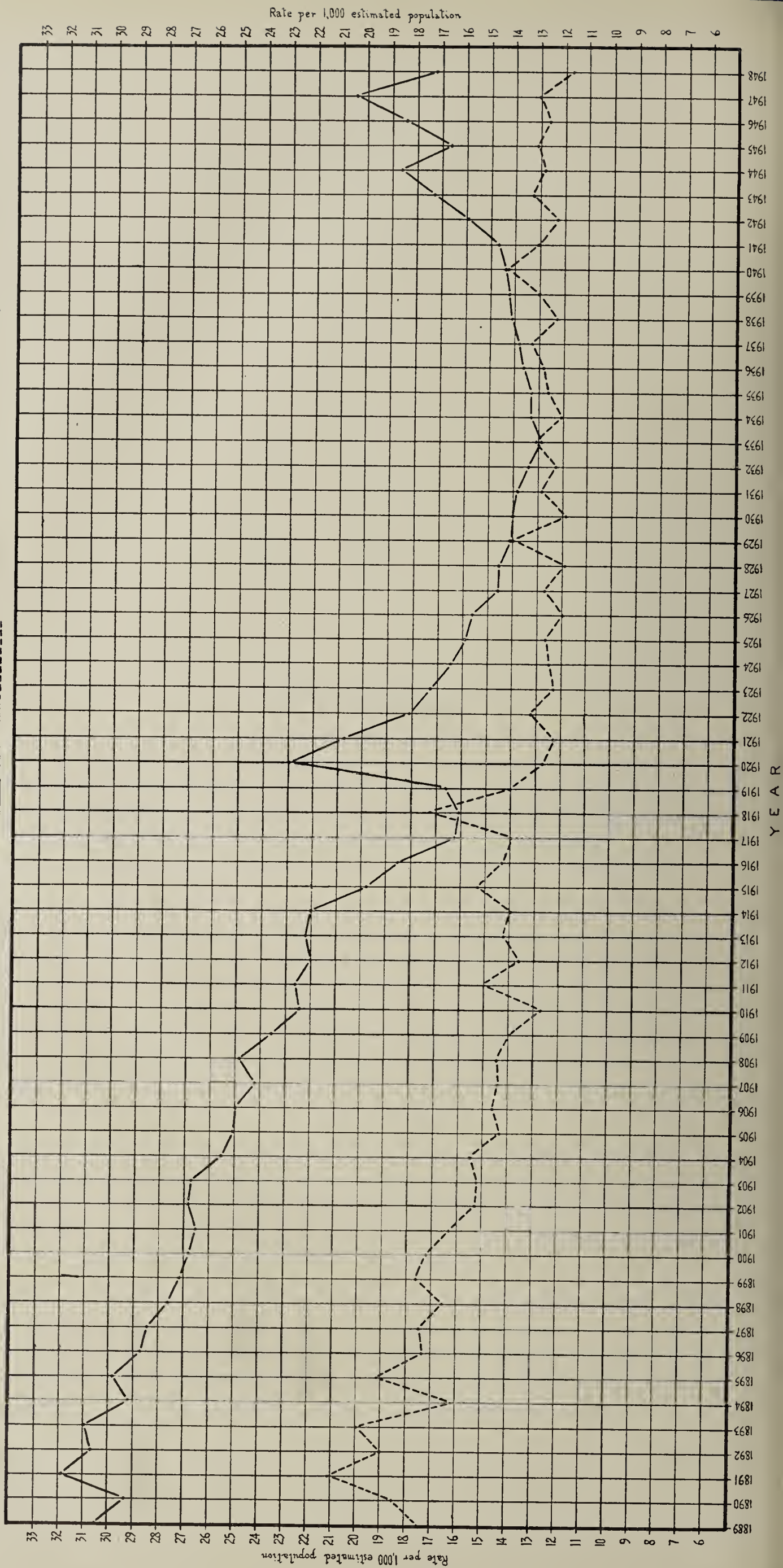


TABLE 1.—COUNTY BIRTH AND DEATH RATES FOR YEARS 1889-1948.

YEAR	LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
1889 .....	30.5	31.8	29.6	17.5	18.4	16.6	160	161	125
1890 .....	29.3	29.7	28.1	18.5	18.9	16.6	152	158	126
1891 .....	31.93	32.45	29.48	21.09	21.70	18.19	157	160	139
1892 .....	30.70	31.11	28.01	19.00	19.34	17.31	150	155	124
1893 .....	30.95	31.35	28.94	19.97	20.37	17.94	177	183	145
1894 .....	29.19	29.49	27.70	16.16	16.42	14.87	134	138	109
Average 6 years, 1889-1894 .....	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895 .....	29.82	30.23	27.57	19.16	19.63	16.57	171	178	127
1896 .....	28.73	29.11	26.62	17.38	17.76	15.25	155	161	121
1897 .....	28.45	28.65	27.29	17.48	17.82	15.55	169	174	138
1898 .....	27.62	27.89	25.80	16.58	16.80	15.09	168	173	130
1899 .....	27.09	27.31	25.53	17.60	17.88	15.65	175	181	134
Average 5 years, 1895-1899 .....	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900 .....	26.80	26.96	25.72	17.19	17.46	15.26	162	167	123
1901 .....	26.57	26.78	25.13	16.28	16.58	14.21	161	167	118
1902 .....	26.85	26.95	26.14	15.26	15.43	14.08	139	143	116
1903 .....	26.77	27.04	24.96	15.22	15.44	13.69	140	143	114
1904 .....	25.56	25.66	24.90	15.54	15.78	13.81	157	162	124
Average 5 years, 1900-1904 .....	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905 .....	25.06	25.22	23.99	14.32	14.52	12.99	132	137	101
1906 .....	24.99	25.11	24.22	14.62	14.81	13.33	139	143	109
1907 .....	24.23	24.47	22.60	14.40	14.59	13.11	125	129	96
1908 .....	24.86	25.05	23.60	14.45	14.61	13.31	131	136	97
1909 .....	23.57	23.67	22.91	13.96	14.08	13.11	115	119	87
Average 5 years, 1905-1909 .....	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910 .....	22.48	22.47	22.52	12.73	12.83	12.09	117	121	93
1911 .....	22.64	22.88	21.15	15.05	15.33	13.25	144	148	111
1912 .....	22.00	22.09	21.42	13.61	13.76	12.60	104	106	89
1913 .....	22.20	22.41	20.86	14.20	14.39	13.00	124	128	100
1914 .....	22.02	22.19	20.95	13.95	14.17	12.53	112	115	96
Average 5 years, 1910-1914 .....	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915 .....	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916 .....	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917 .....	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918 .....	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919 .....	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
Average 5 years, 1915-1919 .....	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920 .....	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921 .....	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922 .....	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923 .....	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924 .....	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
Average 5 years, 1920-1924 .....	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925 .....	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926 .....	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927 .....	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928 .....	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929 .....	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
Average 5 years, 1925-1929 .....	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930 .....	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931 .....	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932 .....	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933 .....	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934 .....	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
Average 5 years, 1930-1934 .....	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935 .....	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936 .....	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937 .....	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938 .....	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939 .....	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
Average 5 years, 1935-1939 .....	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940 .....	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941 .....	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942 .....	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943 .....	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944 .....	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
Average 5 years, 1940-1944 .....	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945 .....	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946 .....	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947 .....	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948 .....	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35



TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1948.

(For Causes of Death, see Table 3, pp. 160-164)

Note.—The Census 1931 enumerations of population have been adjusted in accordance with alterations of boundary since the date of the Census.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1948.	POPULATION AT ALL AGES.		BIRTHS.				DEATHS.				INFANT MORTALITY.				MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS				
				L.—Legitimate.		L.—Illegitimate.		Number registered.		Still-birth rate per 1,000 total births.		Crude death-rate per 1,000 population.		Deaths of infants under one year. L.—Legitimate. L.—Illegitimate.						Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.		
		Census, 1931.	Est. Civilian, at 30th June, 1948.	LIVE BIRTHS.				Number registered.				Live birth-rate per 1,000 popu'l'n.	Number registered.		Total No. of deaths.	Total No. of live births.	Rate per 1,000 live births.	Leg. Illeg Total.					
				M.	F.	Both sexes.	Total No. of live births.	M.	F.	Both sexes.	Total No. of still-births.												
													M.	F.					Both sexes.	M.	F.	Both sexes.	M.
Abram	1,984	6,660	5,957	L. 51 4	69 2	120 6	126 } 659 } 31	21.1	L. 2 1	2 —	4 —	30	59	9.9	L. 2 1	—	2 —	2 } 23 } —	16 nil	15	7.69	1.67	nil
Accrington (B)	4,418	42,991	40,180	L. 340 13	319 18	659 31	690 } 55 } 8	17.1	L. 9 2	12 —	21 2	32	548	13.6	L. 14 1	9 —	23 —	34 nil	33	1.44	2.68	0.32	
Adlington	1,062	4,180	4,000	L. 26 6	29 2	55 8	63 } 306 } 12	15.7	L. 1 1	— —	1 —	15	55	13.7	L. 2 1	2 —	4 1	5 } 15 } 83	72 125	79	nil	2.25	nil
Ashton-in-Makerfield	6,267	20,546	18,990	L. 145 7	161 5	306 12	318 } 810 } 48	16.7	L. 7 1	4 —	11 —	33	225	11.8	L. 8 1	6 —	14 1	36 104	41	nil	2.31	0.54	
Ashton-under-Lyne (B)	2,981	52,175	46,270	L. 420 33	390 15	810 48	858 } 118 } 2	18.5	L. 6 1	6 —	12 —	13	650	14.0	L. 17 4	14 1	31 5	4 } 9 } —	33 nil	28	8.33	2.00	0.46
Aspull	1,906	7,193	6,474	L. 62 1	56 1	118 2	120 } 307 } 9	18.5	L. 1 1	3 —	4 —	32	68	10.5	L. 4 1	—	4 —	20 } 20 } —	65 nil	62	6.00	1.25	0.32
Atherton	2,264	19,989	20,700	L. 167 6	140 3	307 9	316 } 183 } 11	15.2	L. 9 1	3 1	13	39	209	10.0	L. 5 1	4 —	9 —	29 nil	28	nil	2.07	0.24	
Audenshaw	1,241	8,461	12,650	L. 96 7	87 4	183 11	194 } 304 } 18	15.3	L. 4 1	4 1	8 1	44	150	11.8	L. 4 1	3 —	7 1	8 } 20 } —	38 90	41	nil	1.73	0.23
Bacup (B)	6,121	20,590	18,320	L. 175 9	129 9	304 18	322 } 66 } 2	17.5	L. 7 1	1 2	11	33	239	13.0	L. 10 1	10 —	20 —	6	66	14	14.70	1.11	0.44
Barrowford	1,387	5,299	4,500	L. 30 1	36 1	66 2	68 } 87 } 3	15.1	L. 1 1	1 —	1 —	14	71	15.7	L. 1 1	1 —	1 —	6 } 7 } 500	15 nil	14	nil	2.03	nil
Billinge and Winstanley	4,596	5,111	5,886	L. 36 3	51 —	87 3	90 } 55 } 2	15.2	L. 2 1	— —	2 —	21	73	12.4	L. 2 1	4 —	6 —	6 } 3 } —	68 nil	66	nil	2.26	0.64
Blackrod	2,392	3,599	3,094	L. 33 1	22 1	55 2	57 } 104 } 3	18.4	L. 1 1	— —	— —	nil	45	14.5	L. 6 1	—	6 1	7 } 3 } —	109 500	122	nil	2.02	0.72
Brierfield	807	7,696	6,900	L. 57 —	47 3	104 3	107 } 66 } 3	15.5	L. 1 1	1 1	2	18	89	12.8	L. 2 1	1 —	3 —	13 } 19 } —	28 nil	28	nil	1.18	0.59
Carnforth	1,504	3,192	3,381	L. 38 2	28 1	66 3	69 } 517 } 23	20.4	L. 1 1	3 —	3	41	42	12.4	L. 3 1	9 1	12 1	13 } 36 } —	181 333	188	nil	1.66	0.28
Chadderton	3,013	27,514	31,270	L. 271 17	246 6	517 23	540 } 574 } 20	17.2	L. 10 1	6 —	16 —	28	392	12.5	L. 9 1	10 —	19 —	19 } 20 } —	36 nil	35	1.85	1.79	0.28
Chorley (B)	4,283	30,951	32,590	L. 280 10	294 10	574 20	594 } 18 } —	18.2	L. 10 1	8 —	18 —	29	358	10.9	L. 14 1	6 —	20 —	34 } 33 } —	34 nil	33	nil	1.16	0.39

TABLE 2—continued.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1948.	POPULATION AT ALL AGES.		BIRTHS.		DEATHS.			INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS.									
				L.—Legitimate.		I.—Illegitimate.			Number registered.			Deaths of infants under one year.			Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.											
				LIVE BIRTHS.		STILLBIRTHS.		Number registered.		Total No. of deaths.		Rate per 1,000 live births.															
		Census, 1931.	Est. Civilian, at 30th June, 1948.	Number registered.		Number registered.		Still-birth rate per 1,000 <i>total</i> births.	M.	F.	Both sexes.	Total No. of still-births.	M.	F.	Both sexes.	Total leg. and illeg.	Leg. Illeg. Total.										
				M.	F.	M.	F.											M.	F.	Leg. Illeg. Total.							
Chureh	528	6,187	5,198	L. 49 I. 1	49 3	98 4	102 }	L. 2 I. 1	—	2 1	3 }	28	30	50	80	15·3	L. 3 I. —	5 1	8 1	9 }	81	250	88	nil	nil	2·69	0·19
Clayton-le-Moors	1,060	7,909	6,698	L. 59 I. 2	48 2	107 4	111 }	L. 1 I. —	—	1 —	1 }	8	39	47	86	12·8	L. 1 I. —	—	—	1 —	9	nil	9	nil	nil	2·09	0·14
Clitheroe (B)	2,386	12,008	11,890	L. 100 I. 8	99 4	199 12	211 }	L. 5 I. —	5	10	10 }	45	90	89	179	15·0	L. 5 I. —	3 —	8 —	8 }	40	nil	37	nil	nil	2·60	0·25
Colne (B)	5,939	23,918	20,840	L. 166 I. 7	157 19	323 26	349 }	L. 4 I. 1	3	7	1 }	22	149	139	288	13·8	L. 4 I. 2	2 —	6 2	8 }	18	76	22	2·86	2·80	2·30	0·43
Crompton	2,865	14,764	12,620	L. 96 I. 7	95 4	191 11	202 }	L. 3 I. —	5	8	8 }	38	92	90	182	14·4	L. 8 I. —	4 —	12 —	12 }	62	nil	59	9·90	9·52	1·66	0·55
Crosby (B)	4,772	50,569	59,060	L. 496 I. 19	467 27	963 46	1,009 }	L. 14 I. 1	10	24	1 }	24	348	340	688	11·6	L. 21 I. —	18 1	39 1	40 }	40	21	39	nil	nil	1·91	0·50
Dalton-in-Furness	8,022	10,489	10,480	L. 77 I. 4	99 4	176 8	184 }	L. — I. —	2 1	2 1	3 }	16	62	74	136	12·9	L. 10 I. —	4 —	14 —	14 }	79	nil	76	nil	nil	2·00	0·57
Darwen (B)	5,959	36,012	30,850	L. 249 I. 8	237 7	486 15	501 }	L. 10 I. —	2	12	1 }	23	223	238	461	14·9	L. 11 I. —	4 1	15 1	16 }	30	66	31	3·99	3·89	2·17	0·32
Denton	2,593	17,384	25,380	L. 211 I. 7	219 6	430 13	443 }	L. 13 I. 1	2	15	1 }	34	130	134	264	10·4	L. 7 I. —	9 —	16 —	16 }	37	nil	36	nil	nil	1·65	0·35
Droylsden	1,010	13,340	27,290	L. 222 I. 9	230 8	452 17	469 }	L. 4 I. —	4	8	8 }	16	151	116	267	9·7	L. 12 I. —	4 —	16 —	16 }	35	nil	34	nil	nil	1·42	0·54
Eccles (B)	3,417	44,838	43,870	L. 387 I. 23	367 20	754 43	797 }	L. 14 I. —	5	19	1 }	24	277	238	515	11·7	L. 11 I. 1	13 1	24 2	26 }	31	46	32	2·50	2·44	1·86	0·22
Failsworth	1,073	15,712	18,040	L. 173 I. 12	117 2	290 14	304 }	L. 7 I. 1	7	14	1 }	47	117	99	216	11·9	L. 10 I. 2	3 1	13 3	16 }	44	214	52	nil	nil	1·77	0·60
Farnworth (B)	1,504	28,717	28,350	L. 247 I. 3	222 13	469 16	485 }	L. 8 I. 1	13	21	1 }	43	165	154	319	11·2	L. 6 I. —	8 —	14 —	14 }	29	nil	28	2·06	1·97	1·90	0·28
Fleetwood (B)	2,565	23,001	27,160	L. 279 I. 22	253 8	532 30	562 }	L. 11 I. 1	10	21	1 }	37	150	125	275	10·1	L. 10 I. —	9 —	19 —	19 }	35	nil	33	nil	nil	1·84	0·51
Fornby	5,613	7,965	9,576	L. 68 I. 2	64 1	132 3	135 }	L. 3 I. —	1	4	4 }	28	51	50	101	10·5	L. 1 I. —	1 —	2 —	2 }	15	nil	14	nil	nil	1·25	0·62
Fulwood	3,273	8,816	12,680	L. 99 I. 3	82 4	181 7	188 }	L. 1 I. —	1	2	2 }	10	78	70	148	11·6	L. 2 I. —	1 —	3 —	3 }	16	nil	15	nil	nil	1·65	0·07



TABLE 2—continued.

URBAN DISTRICTS.	POPULATION AT ALL AGES.		BIRTHS.			I.—Illegitimate.			DEATHS.			INFANT MORTALITY.					MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS							
	Area in statute acres at 31st Dec. 1948.	Census, 1931.	L.—Legitimate.			I.—Illegitimate.			Number registered.			Crude death-rate per 1,000 population.	Deaths of infants under one year.					Per 1,000 <i>live</i> births.			Per 1,000 <i>total</i> (live and still) births.						
			LIVE BIRTHS.			STILLBIRTHS.			Number registered.				L.—Illegitimate.														
			Number registered.			Number registered.			L.—Legitimate.				Rate per 1,000 live births.														
			M.	F.	Both sexes.	Total No. of live births.	Live birth-rate per 1,000 popul'n.	M.	F.	Both sexes.	Total still-births.		M.	F.	Both sexes.	Total leg. and illeg.	Leg. Illeg Total.										
Golborne	7,563	13,760	10,140	L. 137 I. 4	128 6	265 10	275 }	17.0	L. 7 I. —	3 1	10 1	11 }	38	96	74	170	10.5	L. 8 I. —	6 —	14 —	14 }	52	nil	50	nil	1.73	0.12
Grange	1,883	2,648	2,719	L. 16 I. 1	14 1	30 2	32 }	11.7	L. — I. —	1 1	1 1	2 }	58	16	23	39	14.3	L. 3 I. —	— —	3 —	3 }	100	nil	93	nil	3.31	0.36
Great Harwood	2,868	12,789	10,810	L. 98 I. 2	88 2	186 4	190 }	17.5	L. 2 I. —	2 —	4 —	4 }	20	71	87	158	14.6	L. 4 I. —	2 1	6 1	7 }	32	250	36	nil	1.85	0.27
Haslingden (B)	8,203	16,639	14,540	L. 116 I. 11	117 6	233 17	250 }	17.1	L. 1 I. —	2 —	3 —	3 }	11	122	97	219	15.0	L. 9 I. 1	6 —	15 1	16 }	64	58	64	nil	2.95	0.13
Haydock	2,395	10,350	11,880	L. 91 I. 3	106 7	197 10	207 }	17.4	L. 2 I. —	3 —	5 —	5 }	23	63	48	111	9.3	L. 3 I. —	5 —	8 —	8 }	40	nil	38	nil	1.43	0.50
Heywood (B)	8,508	26,727	24,940	L. 212 I. 28	201 13	413 41	454 }	18.2	L. 6 I. —	11 —	17 —	17 }	36	149	164	313	12.5	L. 8 I. 1	5 2	13 3	16 }	31	73	35	6.60	1.44	0.56
Hindley	2,612	21,632	19,320	L. 170 I. 4	180 1	350 5	355 }	18.3	L. 4 I. —	2 —	6 —	6 }	16	117	103	220	11.3	L. 6 I. —	4 1	10 1	11 }	28	200	30	2.81	1.55	0.25
Horwich	3,257	15,680	15,370	L. 114 I. 1	104 4	218 5	223 }	14.5	L. 5 I. —	4 1	9 1	10 }	42	92	86	178	11.5	L. 2 I. —	2 —	4 —	4 }	18	nil	17	nil	1.88	0.26
Huyton-with-Roby	3,053	5,199	53,330	L. 601 I. 24	545 19	1,146 43	1,189 }	22.2	L. 18 I. 1	10 —	28 1	29 }	23	223	202	425	7.9	L. 28 I. 3	25 3	53 6	59 }	46	139	49	1.64	1.05	0.56
Ince-in-Makerfield	2,320	21,761	20,380	L. 221 I. 8	203 7	424 15	439 }	21.5	L. 7 I. —	4 1	11 1	12 }	26	124	104	228	11.1	L. 13 I. —	14 1	27 1	28 }	63	66	63	nil	1.57	0.09
Irlam	4,717	12,901	15,020	L. 125 I. 5	128 2	253 7	260 }	17.3	L. 7 I. —	3 1	10 1	11 }	40	79	56	135	8.9	L. 8 I. —	3 —	11 —	11 }	43	nil	42	nil	1.93	0.19
Kearsley	1,728	11,212	10,450	L. 105 I. 3	100 4	205 7	212 }	20.2	L. 1 I. —	— —	1 —	1 }	4	68	51	119	11.3	L. 5 I. —	6 —	11 —	11 }	53	nil	51	nil	2.10	0.19
Kirkham	939	4,120	4,704	L. 52 I. 1	49 2	101 3	104 }	22.1	L. — I. —	— —	— —	— }	nil	27	30	57	12.1	L. 2 I. —	— —	2 —	2 }	19	nil	19	nil	1.48	0.21
Lancaster (B)	4,873	43,649	50,250	L. 400 I. 19	420 19	820 38	858 }	17.0	L. 10 I. 1	11 —	21 1	22 }	25	273	279	552	10.9	L. 14 I. —	8 2	22 2	24 }	26	52	27	2.33	1.93	0.37
Lees	288	4,738	4,218	L. 37 I. 1	37 1	74 2	76 }	18.0	L. — I. —	2 —	2 —	2 }	25	28	32	60	14.2	L. 2 I. —	1 —	3 —	3 }	40	nil	39	nil	2.37	0.23
Leigh (B)	6,359	45,317	48,220	L. 430 I. 12	401 21	831 33	864 }	17.9	L. 19 I. 1	13 3	32 4	36 }	40	279	270	549	11.3	L. 19 I. 1	10 2	29 3	32 }	34	90	37	1.11	1.67	0.35

TABLE 2—continued.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1948.	POPULATION AT ALL AGES.		BIRTHS.			DEATHS.			INFANT MORTALITY.					MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULIS.				
				L.—Legitimate.		I.—Illegitimate.	Number registered.		Crude death- rate per 1,000 popula- tion.	Deaths of infants under one year.				Per 1,000 <i>live</i> births.		Per 1,000 <i>total</i> (live and still) births.						
				LIVE BIRTHS.		STILLBIRTHS.				L.—Legitimate. I.—Illegitimate.												
		Census, 1931.	Est. Civilian, at 30th June, 1948.	Number registered.			Live birth- rate per 1,000 popul'n.	Number registered.			Total No. of deaths.		Deaths of infants under one year.				Rate per 1,000 <i>live</i> births.		Leg. Illeg	Total.		
				M.	F.	Both sexes.		Total No. of live births.	M.	F.			Both sexes.	M.	F.	Both sexes.					Total leg. and illeg.	
Leyland	3,804	10,573	14,490	L. 137 7	106 7	243 14	257	L. 17.7 I.	4 —	8 —	73	60	133	9.1	L. 7 I.	2 —	9 —	37 nil	35	nil	1.51	nil
Litherland	818	15,959	22,120	L. 216 10	230 16	446 26	472	L. 21.3 I.	3 —	7 —	116	91	207	9.3	L. 10 I.	6 1	16 1	35 38	36	2.11	2.08	0.85
Littleborough	7,855	12,028	10,800	L. 91 7	83 9	174 16	190	L. 17.5 I.	3 —	5 2	75	80	155	14.3	L. 6 I.	5 —	11 —	63 nil	57	nil	2.50	0.27
Little Lever	808	4,944	4,762	L. 43 2	46 1	89 3	92	L. 19.3 I.	2 —	2 —	46	32	78	16.3	L. 2 I.	1 —	3 —	33 nil	32	nil	2.93	nil
Longridge	3,285	4,158	3,970	L. 56 3	41 —	97 3	100	L. 25.1 I.	1 1	2 1	29	31	60	15.1	L. — I.	— 1	— 1	1 nil	10	nil	2.51	0.75
Lytham St. Annes (B)	5,802	25,764	30,310	L. 211 9	186 7	397 16	413	L. 13.6 I.	5 1	7 2	219	266	485	16.0	L. 8 I.	4 —	12 —	30 nil	29	2.42	2.37	0.26
Middleton (B)	5,172	29,183	32,190	L. 275 14	282 15	557 29	586	L. 18.2 I.	7 —	12 1	200	204	404	12.5	L. 12 I.	11 —	23 —	41 nil	39	1.70	2.14	0.34
Milnrow	5,194	8,623	8,418	L. 67 6	70 2	137 8	145	L. 17.2 I.	5 —	5 —	59	58	117	13.8	L. 4 I.	4 —	8 1	58 125	62	6.89	1.54	nil
Morecambe and Heysham (B)	3,794	24,542	36,770	L. 203 17	209 13	412 30	442	L. 12.0 I.	5 —	8 —	269	254	523	14.2	L. 12 I.	11 2	23 2	55 66	56	2.22	2.36	0.54
Mossley (B)	3,624	12,042	10,430	L. 84 1	111 4	195 5	200	L. 19.1 I.	4 —	5 —	49	73	122	11.6	L. 4 I.	5 —	9 —	46 nil	40	nil	1.72	0.38
Nelson (B)	3,445	38,277	34,530	L. 287 19	244 17	531 36	567	L. 16.4 I.	2 —	12 3	267	253	520	15.0	L. 14 I.	9 —	23 —	43 nil	40	nil	2.14	0.55
Newton-le-Willows	3,105	20,152	21,410	L. 165 6	169 6	334 12	346	L. 16.1 I.	2 —	6 —	113	100	213	9.9	L. 8 I.	10 1	18 2	53 166	57	nil	1.86	0.32
Ormskirk	15,608	17,118	20,030	L. 157 10	169 9	326 19	345	L. 17.2 I.	1 1	7 1	123	111	234	11.6	L. 10 I.	3 1	15 4	46 210	55	2.89	1.69	0.44
Orrell	1,617	6,949	8,773	L. 89 —	75 —	164 —	164	L. 18.6 I.	— —	2 —	55	52	107	12.1	L. 6 I.	2 —	8 —	48 nil	48	6.02	1.13	nil
Oswaldtwistle	4,885	14,218	12,150	L. 114 2	84 8	198 10	208	L. 17.1 I.	2 —	4 —	89	83	172	14.1	L. 2 I.	1 —	3 —	15 nil	14	nil	2.55	0.16
Padiham	975	11,636	10,040	L. 81 4	79 4	160 8	168	L. 16.7 I.	1 —	1 —	93	68	161	16.0	L. 7 I.	4 —	11 —	68 nil	65	nil	1.89	0.39



TABLE 2—continued.

URBAN DISTRICTS.	Area in statute acres at 31st Dec. 1948.	POPULATION AT ALL AGES.		BIRTHS.			I.—Illegitimate.				DEATHS.			INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULIS.						
				L.—Legitimate.			LIVE BIRTHS.			STILLBIRTHS.			Number registered.			Deaths of infants under one year. L.—Legitimate. I.—Illegitimate.			Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.									
				LIVE BIRTHS.			STILLBIRTHS.			Number registered.			Deaths of infants under one year. L.—Legitimate. I.—Illegitimate.																
		LIVE BIRTHS.			STILLBIRTHS.			Number registered.			Deaths of infants under one year. L.—Legitimate. I.—Illegitimate.																		
		Census, 1931.	Est. Civilian, at 30th June, 1948.	M.	F.	Both sexes.	Total No. of live births.	Live birth-rate per 1,000 popul'n.	M.	F.	Both sexes.	Total No. of births.	Still-birth rate per 1,000 <i>total</i> births.	M.	F.	Both sexes.	M.	F.	Both sexes.	Total. Leg. Illeg.	Rate per 1,000 live births.								
Poulton-le-Fylde	2,408	5,128	7,630	L. 60 I. 1	52 5	112 6	118	15.4	3	—	—	3	—	—	24	53	56	109	14.2	L. 3 I. —	2	—	5	—	42	nil	nil	2.35	0.39
Preesall	3,277	2,043	2,207	L. 21 I. 1	14 1	35 2	37	16.7	—	—	—	—	—	—	nil	13	19	32	14.4	L. — I. —	—	—	—	—	nil	nil	nil	1.35	nil
Prescot	870	11,413	12,290	L. 129 I. 5	105 4	234 9	243	19.7	6	3	—	9	—	—	35	76	71	147	11.9	L. 5 I. —	9	—	14	—	57	nil	nil	2.19	0.56
Prestwich (B)	2,421	23,881	34,760	L. 242 I. 5	247 4	489 9	498	14.3	4	—	—	4	—	—	7	144	199	343	9.8	L. 7 I. —	13	—	20	—	40	1.99	2.00	1.78	0.23
Radcliffe (B)	4,957	27,317	27,700	L. 232 I. 9	206 9	438 18	456	16.4	8	—	—	14	—	—	29	213	181	394	14.2	L. 11 I. 1	6	2	17 3	—	43	nil	nil	1.87	0.14
Rainford	5,877	3,494	3,898	L. 32 I. —	43 1	75 1	76	19.4	3	—	—	5	—	—	61	22	15	37	9.4	L. — I. —	—	—	—	—	nil	nil	nil	0.76	0.51
Ramsbottom	9,562	15,530	14,390	L. 119 I. 3	116 3	235 6	241	16.7	4	1	—	5	—	—	20	111	108	219	15.2	L. 2 I. —	1	—	3	—	12	nil	nil	2.01	0.13
Rawtenstall (B)	9,528	28,587	25,140	L. 206 I. 10	183 9	389 19	408	16.2	7	—	—	11	—	—	26	181	178	359	14.2	L. 13 I. 2	8	1	21 3	—	58	2.45	2.38	1.94	0.43
Rishton	2,879	6,609	5,644	L. 34 I. —	49 1	83 1	84	14.8	—	—	—	2	—	—	23	31	41	72	12.7	L. 1 I. —	1	—	2	—	23	nil	nil	1.77	0.35
Royton	2,149	16,089	14,840	L. 123 I. 5	111 8	234 13	247	16.6	2	4	—	6	2	—	31	98	109	207	13.9	L. 4 I. —	1	—	5	—	20	nil	nil	1.75	0.60
Skelmersdale	1,942	6,177	6,095	L. 44 I. 1	45 2	89 3	92	15.0	1	—	—	1	—	—	10	40	23	63	10.3	L. 4 I. —	—	—	4	—	43	nil	nil	1.47	0.16
Standish-with-Langtree	3,266	7,261	8,932	L. 56 I. 3	67 1	123 4	127	14.2	1	1	—	2	—	—	15	50	42	92	10.3	L. 1 I. —	4	—	5	—	39	nil	nil	0.89	0.22
Stretford (B)	3,550	56,817	61,400	L. 598 I. 48	549 27	1,147 75	1,222	19.9	11	15	1	26	6	—	25	360	296	656	10.6	L. 36 I. 2	18	1	54 3	—	46	0.81	0.79	1.82	0.39
Swinton and Pendlebury (B)	3,363	35,545	41,230	L. 366 I. 9	350 13	716 22	738	17.8	12	8	—	20	—	—	28	230	216	446	10.8	L. 18 I. 1	11	—	29 1	—	40	nil	nil	2.03	0.16
Thornton Cleveleys	3,358	10,292	15,790	L. 121 I. 3	98 4	219 7	226	14.3	2	2	—	4	—	—	17	109	112	221	13.9	L. 5 I. —	4	—	9	—	39	nil	nil	1.64	0.25
Tottington	2,542	6,532	6,080	L. 36 I. 3	49 —	85 3	88	14.4	—	—	—	2	—	—	22	44	37	81	13.3	L. 4 I. —	1	—	5	—	56	nil	nil	2.13	0.16

TABLE 2—continued.

URBAN DISTRICTS.	Area in statute aeres at 31st Dec. 1948.	POPULATION AT ALL AGES.		BIRTHS.				I.—Illegitimate.				DEATHS.			INFANT MORTALITY.							MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULIS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
				L.—Legitimate.		LIVE BIRTHS.		STILLBIRTHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
				Number registered.		Live birth-rate per 1,000 popul.n.		Number registered.		Still-birth rate per 1,000 total births.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		M.	F.	Both sexes.	Total No. of live births.	M.	F.	Both sexes.	Total No. of still-births.	M.	F.	Both sexes.	Total No. of deaths.	Crude death-rate per 1,000 population.												M.	F.	Both sexes.	Total leg. and illeg.	Rate per 1,000 live births.	Rate per 1,000 live births.	Per 1,000 total (live and still) births.	Death-rate per 1,000 population.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													



TABLE 2—continued.

RURAL DISTRICTS.	Area in statute acres at 31st Dec. 1948.	POPULATION AT ALL AGES.		BIRTHS.			I.—Illegitimate.			DEATHS.			INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS.														
				L.—Legitimate.		I.—Illegitimate.	Number registered.			Still-birth rate per 1,000 total births.	Total registered.			Total No. of deaths.	Deaths of infants under one year.								Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.												
		LIVE BIRTHS.			STILLBIRTHS.			M.			F.			Both sexes.			M.			F.			Both sexes.			Total.		Leg.	Illeg.							
		M.			F.			Both sexes.			Total No. of live births.			Live birth-rate per 1,000 popul'n.			M.			F.			Both sexes.			Rate per 1,000 live births.		Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.							
		Census, 1931.			Est. Civilian, at 30th June, 1948.			L.			I.			M.			F.			Both sexes.			M.			F.			Both sexes.			Total.		Leg.	Illeg.	
		1948.			1948.			1948.			1948.			1948.			1948.			1948.			1948.			1948.			1948.			1948.		1948.	1948.	
Blackburn	19,469	11,186	12,700	L. 64	75	139	139	10.9	L. 1	—	—	1	—	—	7	75	52	127	L. 2	—	—	2	—	—	2	14	nil	14	nil	1.41	0.23					
Burnley	39,849	17,418	16,340	L. 131	116	247	260	15.9	L. 5	1	6	6	—	—	22	135	115	250	L. 5	—	1	6	—	—	6	24	nil	23	nil	2.38	0.61					
Chorley	41,114	23,709	26,940	L. 235	236	471	489	18.1	L. 8	4	12	13	—	—	25	158	123	281	L. 9	—	7	16	—	—	16	33	nil	32	nil	1.67	0.07					
Clitheroe	32,170	8,644	8,560	L. 42	57	99	102	11.9	L. 2	1	3	3	—	—	28	45	43	88	L. 1	—	1	2	—	—	2	20	nil	19	nil	1.86	0.11					
Fylde	33,264	9,217	12,510	L. 98	104	202	210	16.7	L. 7	2	9	10	—	—	45	62	55	117	L. 1	—	3	4	—	—	5	19	125	23	nil	1.03	0.15					
Garstang	57,491	11,562	12,670	L. 106	85	191	196	15.4	L. 6	—	—	6	—	—	29	69	88	157	L. 2	—	3	5	—	—	6	26	200	30	nil	2.44	0.15					
Lancaster	53,212	9,437	11,010	L. 79	88	167	175	15.8	L. 2	1	3	3	—	—	16	68	73	141	L. 2	—	5	7	—	—	7	41	nil	40	nil	1.90	0.36					
Linehurst	3,690	8,156	7,690	L. 60	49	109	110	14.3	L. —	—	1	1	—	—	9	38	44	82	L. —	—	4	4	—	—	4	36	nil	36	nil	1.56	0.26					
Lunesdale	76,267	6,575	6,749	L. 58	61	119	126	18.6	L. 2	1	3	3	—	—	23	48	36	84	L. 3	—	—	3	—	—	3	25	nil	23	nil	1.18	nil					
Preston	50,318	27,626	37,820	L. 274	247	521	546	14.4	L. 8	2	10	10	—	—	17	180	181	361	L. 6	—	13	19	—	—	19	36	nil	34	nil	1.77	0.18					
Ulverston	127,448	16,569	17,130	L. 129	140	269	282	16.4	L. 8	4	12	12	—	—	40	115	104	219	L. 3	—	2	5	—	—	5	18	nil	17	nil	2.10	0.23					
Warrington	22,457	14,909	27,080	L. 229	205	434	448	16.5	L. 3	7	10	11	—	—	23	115	98	213	L. 8	—	7	15	—	—	16	34	71	35	2.23	1.14	0.22					
West Lancashire	67,131	24,653	44,010	L. 325	347	672	708	16.0	L. 15	9	24	27	—	—	36	230	191	421	L. 15	—	7	22	—	—	23	32	27	32	nil	1.61	0.34					
Whiston	29,446	19,812	38,360	L. 292	235	527	556	14.4	L. 6	3	9	9	—	—	15	165	140	305	L. 23	—	13	36	—	—	41	68	172	73	nil	1.40	0.26					

TABLE 2—continued

RURAL DISTRICTS.	Area in statute acres at 31st Dec. 1948.	POPULATION AT ALL AGES.		BIRTHS.				DEATHS.			INFANT MORTALITY.						MATERNAL MORTALITY.		CANCER.	PULMONARY TUBERCULOSIS.							
				L.—Legitimate.																	I.—Illegitimate.						
				LIVE BIRTHS.				STILLBIRTHS.																			
		Census, 1931.	Est. Civilian, 30th June, 1948.	Number registered.			Number registered.			Deaths of infants under one year.			Per 1,000 <i>live</i> births.	Per 1,000 <i>total</i> (live and still) births.	Death-rate per 1,000 population.	Death-rate per 1,000 population.											
				M.	F.	Both sexes.	Total No. of live births.	Live birth-rate per 1,000 population.	M.	F.	Both sexes.	Total leg. and illeg.					Rate per 1,000 live births.	Leg. Illeg. Total.									
Wigan .....	11,696	6,126	7,914	L. 80 I. 2	67 2	147 4	151	19.0	L. 1 I. —	1 —	2 —	2	13	48	34	82	10.3	L. 4 I. —	2 —	6 —	6	40	nil	39	nil	1.76	0.12
Total Rural Districts .....	665,022	215,599	287,483	L. 2,202 I. 100	2,112 84	4,314 184	4,498	15.64	L. 74 I. 4	37 2	111 6	117	25	1,551	1,377	2,928	10.18	L. 84 I. 5	68 4	152 9	161	35	48	35	0.22	1.65	0.24
Total Urban Districts .....	372,640	1,564,210	1,719,667	L. 14,770 I. 676	14,004 613	28,774 1,289	30,063	17.48	L. 407 I. 29	342 25	749 54	803	26	10,642	9,999	20,641	12.00	L. 668 I. 39	489 30	1,157 69	1,226	40	53	40	1.23	1.86	0.35
Total Administrative County .....	(a) 1,037,662	(b) 1,779,809	2,007,150	L. 16,972 I. 776	16,116 697	33,088 1,473	34,561	17.21	L. 481 I. 33	379 27	860 60	920	25	12,193	11,366	23,569	11.74	L. 752 I. 44	557 34	1,309 78	1,387	39	52	40	1.09	1.83	0.34

(a) Area and estimated population of Administrative County as constituted at 31st December, 1948. (b) Census 1931 enumeration of population, adjusted in accordance with boundary alterations.



TABLE 3—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1948.

URBAN DISTRICTS.	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES.																																												
		Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	A.c. poliomyelitis and A.c. encephalitis	A.c. infective encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malformations, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes								
Abram.....	59	—	—	—	—	—	—	—	—	—	—	1	—	—	—	4	2	4	—	4	21	4	5	—	—	—	—	—	—	—	—	2	—	1	1	1	1	1	1	1	6					
Accrington (B) .....	548	—	—	1	3	—	—	—	—	—	—	—	4	4	28	10	62	3	70	197	16	28	18	7	6	—	—	—	—	5	—	1	6	7	5	1	13	3	1	13	3	3				
Adlington .....	55	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	7	1	6	19	3	4	3	1	—	—	—	—	—	—	3	—	1	2	—	2	—	—	—	1	1				
Ashton-in-Makerfield .....	225	—	—	—	—	—	—	—	—	—	—	—	3	3	9	5	24	3	22	61	9	12	9	12	9	2	—	—	—	6	—	—	4	5	2	1	6	2	1	6	22	1	6			
Ashton-under-Lyne (B) .....	650	—	—	2	7	2	2	2	2	24	11	56	3	65	199	27	44	21	2	1	—	1	13	13	15	6	2	1	1	15	13	—	12	15	6	2	11	4	2	11	49	2	11			
Aspull .....	68	—	—	—	—	—	—	—	—	3	1	8	2	3	22	1	1	2	3	22	1	1	2	2	1	1	—	—	—	1	1	1	1	—	1	2	1	2	1	2	1	9	1	9		
Atherton .....	209	—	—	—	3	—	—	—	—	1	4	20	1	24	50	7	17	7	3	1	—	1	8	8	1	—	—	—	—	3	8	—	2	4	1	—	—	—	3	25	1	3	25			
Audenshaw.....	150	—	—	1	—	—	—	—	—	5	2	13	1	17	40	1	15	2	5	—	—	2	2	2	2	—	—	—	—	2	2	—	3	4	4	2	2	2	2	2	20	2	2			
Bacup (B) .....	239	—	—	—	—	—	—	—	—	6	1	13	3	26	83	11	11	10	4	2	—	1	7	3	1	5	8	7	2	6	15	1	5	8	7	2	6	15	2	6	15	2	6			
Barrowford.....	71	—	—	—	—	—	—	—	—	2	1	2	2	17	17	2	6	1	—	—	—	1	2	1	—	—	—	—	—	1	1	—	1	—	3	—	—	2	8	2	8	2	8			
Billinge and Winstanley .....	73	—	—	—	1	—	—	—	—	—	2	5	1	8	22	—	3	2	—	1	—	—	—	—	—	—	—	—	—	—	—	4	2	—	4	2	—	—	—	3	13	—	3	13		
Blackrod .....	45	—	—	—	—	—	—	—	—	2	1	2	1	4	14	1	3	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	4	2	—	—	—	—	—	1	5	—	1	5		
Brierfield .....	89	—	—	—	1	—	—	—	—	5	1	—	—	1	—	2	3	8	1	15	20	2	9	2	2	1	1	1	1	1	1	2	—	2	1	2	—	—	—	1	7	—	1	7		
Carnforth .....	42	—	—	—	—	—	—	—	—	2	1	2	—	—	—	—	2	2	5	9	—	3	—	2	2	2	—	—	—	—	1	1	—	1	2	—	—	—	—	—	—	8	—	—	8	
Chadderton .....	392	—	—	—	—	1	—	—	—	1	9	23	—	40	128	16	39	8	40	128	16	39	8	4	4	4	—	—	—	10	8	—	1	5	12	4	3	9	28	3	9	28	3	9		
Chorley (B) .....	358	—	—	1	—	1	—	—	—	1	13	—	2	66	94	8	24	12	2	66	94	8	24	12	2	2	2	1	1	5	24	—	6	9	7	3	6	28	7	3	6	28	7	3		
Church .....	80	—	—	—	3	—	—	—	—	1	—	—	—	1	2	3	2	8	2	11	22	—	3	3	3	1	1	—	—	2	4	—	5	2	1	1	1	1	1	1	1	1	1	1	1	
Clayton-le-Moors .....	86	—	—	—	1	—	—	—	—	—	—	—	—	—	—	3	1	2	8	44	1	3	3	3	1	1	—	—	—	1	—	—	—	—	1	1	—	—	—	1	4	—	1	4		
Clitheroe (B) .....	179	—	—	—	—	—	—	—	—	3	2	1	2	2	2	6	1	20	—	22	70	6	8	5	5	1	—	—	—	1	1	7	—	—	5	1	4	1	1	3	6	28	1	3	6	
Colne (B) .....	288	—	1	—	—	—	—	—	—	1	3	28	2	46	83	8	18	11	2	46	83	8	18	11	2	2	—	—	1	6	4	—	1	1	4	2	3	6	28	2	3	6	28	2	3	
Crompton .....	182	—	1	—	—	—	—	—	—	1	3	15	1	17	58	8	17	6	1	17	58	8	17	6	1	1	—	—	1	6	3	1	—	1	—	3	1	—	—	—	—	—	—	18	—	—
Crosby (B) .....	688	—	2	1	1	—	—	—	—	6	79	216	6	79	216	25	25	21	6	79	216	25	25	21	6	5	5	2	2	15	14	—	7	15	8	4	15	62	4	15	62	4	15			
Dalton-in-Furness .....	136	—	—	—	—	—	—	—	—	—	22	32	—	—	32	4	4	7	—	—	—	—	—	—	—	—	—	—	—	4	3	—	6	7	2	2	—	—	—	—	—	—	14	—	—	
Darwen (B) .....	461	—	—	—	2	—	—	—	—	3	70	146	3	70	146	21	32	11	8	70	146	21	32	11	8	4	—	—	—	11	16	—	5	7	6	3	10	25	3	10	25	3	10	25		

TABLE 3—continued

URBAN DISTRICTS	MORTALITY FROM SUBJOINED CAUSES.																											Total No. of deaths from all causes												
	Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and encephalitis	Ac. infective encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis		*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malforma- tions, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes		
Denton	—	—	—	—	—	9	3	2	1	—	—	—	2	2	8	8	8	22	2	41	70	9	21	11	—	3	1	1	8	4	—	—	—	1	5	—	2	5	23	
Droylsden	—	—	—	3	1	15	1	1	1	—	—	—	2	4	4	4	3	26	3	19	71	16	21	4	—	3	3	3	—	7	13	—	—	—	7	5	4	1	4	22
Eccles (B)	—	—	1	1	—	10	3	4	—	—	1	—	1	7	18	5	5	51	6	54	122	35	40	20	—	8	3	6	—	12	11	—	2	2	14	9	2	9	57	
Failsworth	—	—	—	—	—	11	1	3	1	—	—	—	—	3	5	2	22	2	19	53	6	21	6	6	—	6	1	3	—	4	4	—	—	—	2	7	1	2	4	27
Farnworth (B)	—	—	—	1	—	8	1	2	—	—	—	—	5	1	14	4	30	4	26	90	15	17	11	—	9	1	—	—	11	16	1	—	—	1	10	5	1	10	27	
Fleetwood (B)	—	—	—	—	—	14	—	2	1	—	—	—	3	6	5	7	29	3	39	73	8	24	6	6	—	4	1	2	1	1	5	—	—	7	5	1	1	8	19	
Formby	—	—	—	—	—	6	—	—	—	—	—	—	—	—	2	1	9	1	7	43	3	3	1	—	3	3	—	—	—	3	2	—	—	—	1	2	2	4	5	
Fulwood	—	—	—	—	—	1	1	—	2	—	1	—	1	—	4	1	15	—	24	54	43	5	3	—	7	1	—	—	—	4	4	—	—	—	1	2	2	3	9	
Golborne	—	—	—	—	1	2	1	—	—	—	—	—	1	3	6	3	15	3	18	43	4	13	9	—	1	1	1	1	1	5	3	—	—	—	2	3	—	2	5	24
Grange	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1	1	5	2	5	8	3	—	1	1	—	—	—	—	—	1	3	—	—	—	2	1	—	1	2	
Great Harwood	—	—	—	—	—	3	—	—	1	—	—	—	—	—	3	3	14	1	17	59	1	6	3	3	—	2	2	1	—	2	3	—	—	—	4	3	2	1	3	24
Halsingden (B)	—	—	—	—	—	2	1	—	—	1	—	—	3	4	6	4	26	1	28	76	8	9	3	3	—	3	2	1	—	2	4	—	—	—	5	5	1	1	6	17
Haydock	—	—	—	—	—	6	1	—	1	—	—	1	—	3	6	1	7	—	10	43	1	3	5	—	—	1	1	1	—	1	4	—	—	—	2	2	1	2	3	6
Heywood (B)	—	—	—	—	—	14	—	2	1	—	1	—	—	1	2	6	27	4	46	97	18	32	13	13	—	6	1	1	1	4	5	—	3	4	5	3	1	3	12	
Hindley	—	—	—	—	—	5	—	1	2	—	—	—	2	2	7	3	16	—	33	62	20	19	7	7	—	2	—	1	2	10	—	1	—	1	2	2	2	—	3	15
Horwich	—	—	—	—	—	4	—	—	1	—	—	—	4	4	2	—	19	2	30	59	3	15	1	1	—	2	2	—	2	3	—	—	—	1	4	—	—	2	16	
Huyton-with-Roby	—	—	—	4	—	30	9	2	—	—	—	—	2	3	12	5	34	2	41	109	16	13	22	22	8	5	8	—	1	6	—	2	15	14	5	4	11	37		
Ince-in-Makerfield	1	1	—	1	1	2	3	—	1	1	—	—	1	4	10	3	14	—	18	55	12	23	7	7	2	1	4	—	5	4	—	—	—	9	7	5	1	3	29	
Irlam	—	—	—	—	—	3	3	—	—	—	2	—	2	—	6	2	19	2	11	30	9	9	2	2	1	—	—	1	5	3	—	—	—	3	8	2	—	2	10	
Kearsley	—	—	—	2	—	2	3	2	1	1	—	—	—	—	5	3	14	1	15	30	6	9	3	3	2	—	—	—	1	—	—	—	—	1	5	2	1	2	8	
Kirkham	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	6	—	8	12	4	4	2	2	—	—	—	—	2	—	—	—	—	—	—	—	—	3	11	
Lancaster (B)	—	1	—	1	—	19	4	5	1	—	—	—	6	4	18	10	59	2	60	182	28	20	7	7	5	6	1	1	5	17	1	1	1	5	9	7	4	8	55	
Lees	—	1	—	—	—	1	—	—	—	—	—	—	—	1	2	2	5	1	13	15	2	3	3	—	—	—	—	—	—	—	4	—	—	—	1	1	—	2	3	
Leigh (B)	—	—	1	—	—	17	3	2	—	—	—	1	5	2	19	4	51	3	63	154	26	44	18	18	9	1	3	1	11	10	—	—	—	6	18	7	—	6	63	



TABLE 3—continued

URBAN DISTRICTS.	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES.																																						
		Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and polio-encephalitis	Ac. infective encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Dysentery (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Premature birth	Congenital malforma- tions, birth injury, infectious disease	Suicide	Road traffic accidents	Other violent causes	All other causes		
Leyland .....	133	—	—	—	—	—	—	1	—	—	—	—	—	—	—	5	4	13	3	17	40	6	7	2	3	—	1	1	—	7	—	—	4	2	—	3	11			
Litherland .....	207	—	—	—	—	—	1	1	2	—	—	1	—	—	3	6	2	25	3	20	50	4	11	8	1	1	4	2	—	2	4	—	1	5	4	3	1	5	20	
Littleborough.....	155	—	—	—	—	—	1	1	—	—	—	—	4	1	6	6	2	14	—	18	38	15	12	3	1	1	—	—	—	1	2	—	—	4	5	1	—	1	21	
Little Lever .....	78	—	—	—	—	—	—	—	—	—	—	—	—	1	5	—	—	8	5	9	24	2	3	3	3	1	1	—	—	—	1	1	—	—	1	3	2	—	—	6
Longridge .....	60	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	8	2	7	21	2	1	2	2	—	—	—	—	1	2	—	—	1	—	1	—	3	4	
Lytham St. Annes (B) .....	485	—	—	—	—	—	1	2	2	1	—	—	3	3	17	5	44	6	83	145	145	20	33	5	5	5	5	1	1	17	10	6	—	1	1	6	4	3	8	44
Middleton (B) .....	404	—	—	—	—	—	2	2	2	—	1	—	5	5	10	10	39	2	47	132	132	23	16	12	13	13	5	2	—	8	6	—	1	3	9	13	3	2	22	
Milnrow .....	117	—	—	—	—	—	—	—	1	1	1	—	2	—	1	1	1	9	3	13	25	17	8	4	1	1	1	—	1	1	6	—	1	5	2	5	1	1	6	
Morecambe & Heysham (B) .....	523	—	—	—	—	—	—	—	1	2	—	—	4	2	9	9	63	7	77	175	175	16	21	4	6	6	6	3	—	9	18	—	1	6	16	4	3	4	36	
Mossley (B) .....	122	—	—	—	—	—	—	—	—	—	—	—	—	2	5	2	9	1	16	30	30	5	6	1	1	1	1	—	—	8	6	—	2	—	2	6	—	2	3	8
Nelson (B) .....	520	—	—	—	3	—	4	3	2	1	—	—	5	4	14	6	45	8	76	151	151	19	31	10	6	10	1	1	2	9	11	—	—	9	9	6	2	10	47	
Newton-le-Willows .....	213	—	—	—	3	—	1	4	—	—	—	—	2	4	5	3	26	2	28	58	58	11	8	7	2	1	2	—	—	2	5	—	—	4	5	1	3	5	14	
Ormskirk .....	234	—	—	—	—	—	3	—	—	—	—	—	2	1	4	3	24	4	32	63	63	3	11	14	5	2	2	2	—	6	7	—	1	7	3	—	3	2	23	
Orrell .....	107	—	—	—	—	—	—	—	2	1	—	—	—	1	2	1	6	2	15	21	21	2	11	2	—	2	—	1	—	2	4	—	1	3	3	—	3	2	20	
Oswaldtwistle .....	172	—	—	—	—	—	—	—	—	—	—	—	2	—	6	2	21	—	27	57	57	4	4	5	2	3	1	—	—	4	2	—	—	—	3	1	2	6	15	
Padiham .....	161	—	—	—	4	—	—	—	—	—	—	—	—	2	2	1	14	2	10	68	68	5	10	2	—	1	1	—	—	5	2	—	—	2	5	1	—	—	20	
Poulton-le-Fylde .....	109	—	—	—	—	—	1	1	—	—	—	—	—	1	4	3	10	1	20	24	24	4	10	—	2	—	—	1	1	4	2	—	—	1	2	2	1	—	12	
Preesall .....	32	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—	5	12	12	—	2	—	1	—	—	—	—	2	1	—	—	—	—	—	—	—	5	
Prescot .....	147	—	—	—	1	1	—	1	—	—	—	—	1	1	3	12	39	—	11	39	39	2	6	2	—	1	1	5	—	5	5	—	—	3	4	4	—	6	16	
Prestwich (B).....	343	—	—	—	1	—	—	—	—	—	1	—	—	3	12	10	37	4	30	108	108	13	15	12	10	10	3	1	—	7	10	—	—	1	7	8	3	6	2	31
Radcliffe (B) .....	394	—	—	—	—	—	—	—	1	—	—	—	2	3	9	3	35	2	44	149	149	12	27	11	5	3	2	1	1	6	8	—	—	5	8	5	2	9	35	
Rainford .....	37	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	18	18	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	2	1	9	
Ramsbottom .....	219	—	—	—	—	—	2	2	—	—	—	1	3	2	6	1	17	—	41	86	86	6	14	6	2	—	—	1	6	8	—	—	—	—	—	2	1	1	3	8
Rawtenstall (B) .....	359	—	1	—	3	—	11	3	—	—	—	1	1	2	7	5	34	2	49	122	122	4	17	9	5	—	—	1	1	6	10	—	1	12	8	5	5	13	22	

TABLE 3—continued

URBAN DISTRICTS	MORTALITY FROM SUBJOINED CAUSES.																											Total No. of deaths from all causes									
	Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and ac. poliomyelitis	Ac. infective encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes		Premature birth	Congenital malforma- tions, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes			
Rishton	—	—	—	—	—	2	—	—	—	—	—	—	1	2	1	1	6	1	9	18	1	9	2	2	—	3	—	—	1	1	—	1	1	2	11		
Royton	—	—	—	—	—	9	1	1	—	—	—	2	2	2	2	2	18	2	26	75	7	20	3	3	7	2	—	—	—	4	2	2	2	13			
Skelmersdale	—	1	—	—	—	1	—	—	—	—	—	2	—	2	2	1	4	—	7	21	—	—	2	2	1	2	—	—	—	2	1	—	2	6			
Standish-with-Langtree	—	—	—	—	—	2	—	—	1	—	—	2	—	—	—	2	4	3	9	30	3	8	4	4	1	4	—	—	—	4	1	3	—	2	9		
Stretford (B)	—	—	1	2	—	24	5	1	3	—	—	1	8	6	17	9	72	6	63	169	27	38	25	11	13	16	—	1	10	24	6	3	11	51			
Swinton & Pendlebury (B)	—	2	—	—	—	7	2	4	—	—	—	1	—	2	24	8	50	1	48	120	19	25	15	7	6	12	—	—	6	13	7	6	3	51			
Thornton Cleveleys	—	—	—	—	—	4	—	2	—	—	—	—	—	1	9	—	16	1	28	91	4	12	7	2	2	6	—	—	1	4	3	1	2	15			
Tottington	—	—	—	—	—	1	1	—	1	—	—	—	1	1	3	—	8	1	10	23	1	2	5	1	2	1	—	—	2	1	1	—	4	8			
Trawden	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	2	2	—	6	9	1	1	—	—	—	—	—	—	2	1	1	—	—	4			
Turton	—	—	—	—	—	4	1	—	—	—	—	1	1	—	5	1	10	—	26	39	11	6	4	4	2	5	—	—	—	2	1	—	—	14			
Tyldesley	—	—	—	—	—	9	—	—	1	—	—	2	—	2	11	2	22	2	29	49	12	15	6	6	3	—	—	1	2	5	2	2	5	21			
Ulverston	—	—	—	—	—	6	—	—	—	—	—	—	1	2	4	3	16	4	15	40	1	1	6	1	1	1	—	—	2	3	1	1	2	12			
Upholland	—	—	—	—	—	2	—	1	—	—	—	1	—	1	4	—	4	—	11	10	1	4	2	2	1	—	—	—	1	2	—	—	—	1	6		
Urnston	—	—	—	—	—	8	1	—	1	2	—	—	3	2	17	5	38	4	46	112	17	30	9	9	6	4	1	—	5	6	3	1	6	38			
Walton-le-Dale	—	—	—	—	—	3	1	2	1	—	1	—	1	1	4	7	15	1	21	56	18	13	—	—	1	1	—	—	4	9	3	3	3	11			
Wardle	—	—	—	—	—	3	2	—	—	—	—	—	—	—	1	1	6	—	9	13	6	7	3	3	1	—	—	—	2	—	—	—	1	7			
Westhoughton	—	—	—	—	—	3	3	—	—	1	—	—	2	1	5	—	20	—	21	58	5	16	4	4	3	1	—	—	1	1	—	—	2	3	15		
Whitefield	—	—	—	—	—	1	—	—	—	—	—	—	—	2	5	4	17	3	17	35	3	12	7	2	2	—	—	—	3	3	1	1	1	14			
Whitworth	—	—	—	—	—	4	2	1	—	—	—	—	—	2	3	2	7	1	16	35	13	2	2	2	1	—	—	—	2	—	2	—	3	4			
Widnes (B)	—	—	—	3	—	22	4	1	—	—	—	1	2	3	17	4	53	—	54	130	11	21	23	8	2	7	8	—	14	21	6	6	6	38			
Withnell	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	2	1	2	10	1	2	1	—	—	—	—	—	1	—	—	2	—	1	—		
Worsley	—	—	—	—	—	11	1	3	2	—	—	1	—	1	17	5	29	2	47	121	12	10	7	5	3	5	—	—	2	5	1	1	1	8	31		
Total Urban Districts	1	11	4	39	8	619	115	88	62	20	10	21	141	170	648	303	1953	175	2527	6197	816	1244	592	282	167	102	41	402	499	6	31	324	476	240	141	368	1798



TABLE 3—continued

RURAL DISTRICTS.	MORTALITY FROM SUBJOINED CAUSES.																																						
	Typhoid and paratyphoid fevers	Cerebro-spinal fever	Scarlet fever	Whooping cough	Diphtheria	Tuberculosis of respiratory system	Other forms of tuberculosis	Syphilitic diseases	Influenza	Measles	Ac. poliomyelitis and Ac. poli-encephalitis	Ac. infective encephalitis	Cancer of buccal cavity and oesophagus (males)	Cancer of uterus (females)	Cancer of stomach and duodenum	Cancer of breast	Cancer of all other sites	Diabetes	Intra-cranial vascular lesions	Heart disease	Other diseases of circulatory system	Bronchitis	Pneumonia	Other respiratory diseases	Ulcer of stomach or duodenum	Diarrhoea (under 2 years)	Appendicitis	*Other digestive diseases	Nephritis	Puerperal and post-abortive sepsis	Other maternal causes	Prenature birth	Congenital malformations, birth injury, infantile disease	Suicide	Road traffic accidents	Other violent causes	All other causes		
Blackburn .....	—	1	—	—	—	3	—	—	—	—	—	—	—	2	8	1	7	3	13	43	4	9	6	2	1	—	1	1	2	—	—	—	—	—	1	6	13		
Burnley .....	—	—	—	—	—	10	1	1	—	1	—	—	2	3	8	1	25	4	36	80	7	14	4	2	1	—	—	—	5	3	—	—	3	3	2	2	10	22	
Chorley .....	—	—	—	—	1	2	—	1	2	—	—	1	3	1	6	4	31	2	39	105	8	11	5	—	—	1	2	—	6	10	—	—	5	10	3	4	5	13	
Clitheroe .....	—	—	—	—	—	1	2	—	—	—	—	—	2	—	3	1	10	—	8	37	2	1	3	3	—	—	—	—	4	2	—	—	—	1	1	—	2	8	
Fylde .....	—	—	—	—	—	2	—	1	1	—	—	—	1	2	2	1	7	1	16	33	11	3	3	1	3	3	1	1	—	—	2	—	—	2	2	—	3	2	15
Garstang .....	—	—	—	—	—	2	1	1	—	—	—	—	3	1	9	2	16	1	16	60	5	11	6	—	—	1	1	—	5	—	—	—	1	3	1	1	6	4	
Lancaster .....	—	—	—	—	—	4	—	—	1	1	—	—	1	2	3	5	10	1	12	48	7	1	3	—	—	—	1	1	6	4	—	—	1	2	2	1	3	21	
Linehurst .....	—	—	—	—	1	2	—	1	1	—	—	—	—	1	3	3	5	1	6	25	5	9	5	1	—	—	—	—	1	2	—	—	2	—	1	—	2	5	
Lunesdale .....	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	1	4	1	14	30	3	1	3	1	—	—	1	1	2	2	—	—	—	1	1	2	3	9	
Preston .....	—	1	—	—	—	7	2	3	3	1	—	—	3	2	8	6	48	6	46	126	10	15	7	2	3	3	1	1	6	9	—	—	6	11	5	6	2	15	
Ulverston .....	—	—	—	—	—	4	1	—	2	1	—	—	1	—	12	3	20	1	27	79	2	8	3	4	3	3	1	1	4	8	—	—	—	3	—	3	—	8	20
Warrington .....	1	—	—	—	—	6	—	—	2	1	—	—	1	1	6	2	21	—	23	68	13	14	9	2	3	3	—	1	1	4	—	1	4	6	3	3	6	11	
West Lancashire .....	—	—	—	—	1	15	2	—	1	—	—	—	4	2	10	6	49	—	54	119	8	12	16	6	3	3	1	2	10	16	—	—	6	10	2	9	8	49	
Whiston .....	—	—	—	—	—	10	1	—	—	—	—	—	1	1	11	8	33	1	31	67	11	15	9	5	4	4	9	1	8	7	—	—	11	13	2	3	6	37	
Wigan .....	—	—	—	—	—	1	—	—	—	1	—	—	—	—	2	2	10	1	9	31	2	4	1	4	—	—	1	2	1	—	—	2	2	1	—	—	1	4	
Total Rural Districts .....	1	2	—	—	3	69	11	8	13	6	—	1	23	18	93	46	296	23	350	951	98	128	83	30	23	18	11	61	73	—	1	46	64	27	35	70	246		
Total Urban Districts .....	1	11	4	39	8	619	115	88	62	20	10	21	141	170	648	303	1953	175	2527	6197	816	1244	592	282	167	102	41	402	499	6	31	324	476	240	141	368	1798		
Administrative County .....	2	13	4	39	11	688	126	96	75	26	10	22	164	188	741	349	2249	198	2877	7148	914	1372	675	312	190	120	52	463	572	6	32	370	540	267	176	438	2044		

TABLE 4—CAUSES OF DEATH at different periods of life

Year ended 31st December, 1948

CAUSES OF DEATH	Col.	AD- MINIS- TRATIVE COUNTY. TOTAL DEATHS	Sex	AGGREGATE OF URBAN DISTRICTS								AGGREGATE OF RURAL DISTRICTS								Col.
				YEARS								YEARS								
				All Ages	0-	1-	5-	15-	45-	65-	All Ages	0-	1-	5-	15-	45-	65-			
ALL CAUSES		23,569	M. F.	10642 9999	707 519	126 91	96 66	789 782	3115 2195	5809 6346	1551 1377	89 72	13 27	13 14	103 87	403 305	930 872			
Typhoid and paratyphoid fevers	1	2	M. F.	1 —	— —	— —	— —	— —	1 —	— —	— 1	— —	— —	— —	— 1	— —	— —	1		
Cerebro-spinal fever	2	13	M. F.	4 7	3 3	— 2	— 1	— 1	1 —	— —	1 1	— —	1 —	— —	— —	— 1	— —	2		
Scarlet fever	3	4	M. F.	1 3	— —	— —	1 1	— 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	3		
Whooping cough	4	39	M. F.	25 14	17 9	7 5	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	4		
Diphtheria	5	11	M. F.	6 2	— —	4 —	2 2	— —	— —	— —	— 3	1 —	1 —	1 —	— —	— —	— —	5		
Tuberculosis of respiratory system	6	688	M. F.	362 257	1 3	3 2	4 4	152 186	158 40	44 22	32 37	— —	— —	— 1	10 28	16 3	6 5	6		
Other forms of tuberculosis	7	126	M. F.	53 62	2 7	10 18	11 7	15 18	10 6	5 6	4 7	— —	1 3	1 —	— 2	1 1	1 1	7		
Syphilitic diseases	8	96	M. F.	61 27	2 3	— —	— —	3 2	37 16	19 6	7 1	— —	— —	— —	2 —	4 1	1 —	8		
Influenza	9	75	M. F.	33 29	6 2	1 —	— —	6 4	9 6	11 17	5 8	— 1	— —	— 1	— —	1 2	4 4	9		
Measles	10	26	M. F.	10 10	4 2	6 7	— 1	— —	— —	— —	2 4	— 1	1 3	1 —	— —	— —	— —	10		
Acute poliomyelitis and polio-encephalitis	11	10	M. F.	6 4	— —	1 —	1 1	3 3	1 —	— —	— —	— —	— —	— —	— —	— —	— —	11		
Acute infective encephalitis	12	22	M. F.	12 9	— —	— —	— —	2 4	7 3	3 2	1 —	— —	— —	— —	— —	1 —	— —	12		
Cancer of buccal cavity & oesophagus (m), Cancer of uterus (f)	13	352	M. F.	141 170	— —	— —	— —	— 13	36 92	105 65	23 18	— —	— —	— —	— —	3 8	20 10	13		
Cancer of stomach and duodenum	14	741	M. F.	345 303	— —	— —	— —	16 12	147 102	182 189	55 38	— —	— —	— —	2 —	23 9	30 29	14		
Cancer of breast	15	349	M. F.	1 302	— —	— —	— —	— 34	— 138	1 130	— 46	— —	— —	— —	— 4	— 22	— 20	15		
Cancer of all other sites	16	2,249	M. F.	1155 798	1 —	3 3	2 —	71 52	478 298	600 445	179 117	— —	— —	— 2	10 5	72 51	97 59	16		
Diabetes	17	198	M. F.	65 110	— —	1 —	1 1	9 9	20 28	34 72	14 9	— —	— —	— —	— —	4 —	10 9	17		
Intra-cranial vascular lesions	18	2,877	M. F.	1092 1435	— 2	— —	2 1	18 27	259 322	813 1083	156 194	— —	— —	— —	4 3	32 46	120 145	18		
Heart disease	19	7,148	M. F.	3078 3119	— —	1 1	6 5	114 114	889 522	2068 2477	507 444	— —	— —	— 2	15 6	140 83	352 353	19		
Other diseases of the circulatory system	20	914	M. F.	413 403	— —	1 —	1 —	11 12	91 83	309 308	49 49	— —	— —	— —	1 —	10 12	38 37	20		
Bronchitis	21	1,372	M. F.	788 456	16 11	7 3	— 2	30 22	283 84	452 334	75 53	— —	— —	— —	4 4	26 10	45 39	21		
Pneumonia	22	675	M. F.	360 232	111 64	17 18	3 —	20 15	79 34	130 101	44 39	9 9	1 3	— —	1 4	12 5	21 18	22		
Other respiratory diseases	23	312	M. F.	173 109	2 3	3 1	1 —	17 19	91 40	59 46	17 13	1 —	— 1	— —	1 —	6 2	9 10	23		
Ulcer of stomach or duodenum	24	190	M. F.	125 42	— —	— —	— —	13 4	63 11	49 27	20 3	— —	— —	— —	4 —	3 1	13 2	24		
Diarrhoea (under 2 years of age)	25	120	M. F.	65 37	63 37	2 —	— —	— —	— —	— —	10 8	10 7	— 1	— —	— —	— —	— —	25		
Appendicitis	26	52	M. F.	25 16	— —	1 —	4 1	10 8	8 3	2 4	6 5	— —	— 2	2 —	2 1	— 1	2 1	26		
Other digestive diseases	27	463	M. F.	178 224	10 4	4 2	1 2	22 27	65 74	76 115	30 31	1 1	1 1	— 1	2 6	10 8	16 14	27		
Nephritis	28	572	M. F.	259 240	1 —	— 2	— 3	39 36	96 73	123 126	31 42	— —	— —	1 —	3 7	8 9	19 26	28		
Puerperal and post-abortive sepsis	29	6	F.	6	—	—	—	6	—	—	—	—	—	—	—	—	—	29		
Other maternal causes	30	32	F.	31	—	—	—	28	2	1	1	—	—	—	1	—	—	30		
Premature birth	31	370	M. F.	183 141	183 141	— —	— —	— —	— —	— —	23 23	23 23	— —	— —	— —	— —	— —	31		
Congenital malformations, birth injury, infantile disease	32	540	M. F.	266 210	231 189	7 10	5 4	14 5	7 1	2 1	37 27	33 25	— 2	— —	4 —	— —	— —	32		
Suicide	33	267	M. F.	156 84	— —	— —	— —	34 17	74 43	48 24	19 8	— —	— —	— —	6 1	7 3	6 4	33		
Road traffic accidents	34	176	M. F.	102 39	— —	11 4	17 7	34 6	17 6	23 16	24 11	— —	1 1	4 1	9 5	5 2	5 2	34		
Other violent causes	35	438	M. F.	229 139	16 10	13 6	18 8	56 5	70 16	56 94	40 30	5 2	3 5	3 2	11 2	6 3	12 16	35		
All other causes	36	2,044	M. F.	869 929	38 29	23 7	15 15	80 91	118 152	595 635	140 106	7 2	4 4	1 3	12 7	13 22	103 68	36		

Note.—Diarrhoea at ages 2 years and over is included under No. 27 "Other digestive diseases".



TABLE 5—HOUSING

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1948

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS								
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects-ably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses		Prefabricated houses		Traditional permanent houses		Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent							
Abram.....	—	70	46	—	70	46	—	—	—	—	—	—	345	502	16	30	14	124	91
Accrington (B) .....	—	—	223	—	—	212	—	—	—	—	—	11	242	1,412	3	35	2	240	246
Adlington .....	—	—	46	—	—	38	—	—	—	—	—	8	28	64	—	—	—	28	26
Ashton-in-Makerfield .....	—	—	122	—	—	92	—	—	—	—	—	30	693	1,632	—	—	7	369	311
Ashton-under-Lyne (B) .....	34	—	232	—	—	232	—	—	—	34	—	—	2,547	6,045	165	319	38	2,338	2,173
Aspull .....	—	—	49	—	—	47	—	—	—	—	—	2	260	667	3	12	3	90	65
Atherton .....	—	21	113	—	21	110	—	—	—	—	—	3	673	1,142	—	—	—	479	432
Audenshaw .....	11	—	6	11	—	5	—	—	—	—	—	1	177	705	3	3	6	162	95
Bacup (B) .....	—	—	52	—	—	52	—	—	—	—	—	—	203	481	—	—	—	203	194
Barrowford.....	—	—	18	—	—	14	—	—	—	—	—	4	50	102	—	—	—	50	50
Billinge & Winstanley .....	—	—	26	—	—	18	—	—	—	—	—	8	135	162	—	—	—	111	111
Blackrod .....	—	—	34	—	—	34	—	—	—	—	—	—	100	220	—	—	20	60	20
Brierfield .....	—	—	24	—	—	24	—	—	—	—	—	—	231	231	1	1	—	48	40
Carnforth .....	—	—	50	—	—	42	—	—	—	—	—	8	89	332	—	—	—	89	89
Chadderton .....	—	—	72	—	—	63	—	—	—	—	—	9	1,727	4,119	25	37	1	570	629
Chorley (B) .....	—	—	123	—	—	95	—	—	—	—	—	28	4,365	4,395	187	194	170	1,455	1,455
Church .....	—	—	20	—	—	14	—	—	—	—	—	6	57	64	—	—	—	57	55
Clayton-le-Moors .....	—	—	8	—	—	8	—	—	—	—	—	—	44	119	17	30	—	44	23
Clitheroe (B) .....	—	41	33	—	41	27	—	—	6	—	—	—	56	62	—	—	—	51	45
Colne (B) .....	—	—	37	—	—	34	—	—	—	—	—	3	70	161	4	12	4	4	14
Crompton .....	—	—	63	—	—	53	—	—	—	—	—	10	70	286	7	16	4	63	42

TABLE 5—continued

URBAN DISTRICTS			NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
			Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action																																																																																																																																																																																																																																																																																																																																																																																																																																																											
			Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated 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houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent 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houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses	Traditional permanent houses	Temporary	Prefabricated houses



TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit as human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent									
Irlam	—	—	50	—	—	—	—	—	—	—	—	10	243	539	82	219	5	199	148	
Kearsley	30	—	49	30	—	—	—	—	—	—	—	—	91	91	8	8	8	83	65	
Kirkham	—	—	51	—	—	—	—	—	—	—	—	—	46	92	—	—	—	41	36	
Lancaster (B)	93	—	117	93	—	—	—	—	—	—	—	22	6,793	7,305	6,781	7,282	93	3,256	14	
Lees	—	—	—	—	—	—	—	—	—	—	—	—	202	375	—	—	—	89	64	
Leigh (B)	—	—	228	—	—	—	—	—	—	—	—	40	1,267	4,312	—	—	4	1,263	451	
Leyland	—	—	96	—	—	—	—	—	—	—	—	4	329	615	—	—	1	68	57	
Litherland	—	48	129	—	32	—	16	46	—	—	—	43	282	590	—	—	—	266	266	
Littleborough	—	—	99	—	—	—	—	—	—	—	—	35	158	289	—	—	—	—	—	
Little Lever	—	—	34	—	—	—	—	—	—	—	—	2	82	188	—	—	14	54	39	
Longridge	—	—	32	—	—	—	—	—	—	—	—	9	150	350	—	—	—	13	23	
Lytham St. Annes (B)	—	—	31	—	—	—	—	—	—	—	—	4	38	96	—	—	—	21	17	
Middleton (B)	—	50	164	—	50	—	—	—	—	—	—	5	129	138	18	22	19	110	77	
Milnrow	—	—	48	—	—	—	—	—	—	—	—	2	269	269	—	—	2	129	102	
Morecambe & Heysham (B)	—	—	88	—	—	—	—	—	—	—	—	14	295	934	—	—	—	274	290	
Mossley (B)	—	—	31	—	—	—	—	—	—	—	—	3	135	326	—	—	—	76	43	
Nelson (B)	100	—	55	100	—	—	—	—	—	—	—	5	157	300	—	—	—	141	129	
Newton-le-Willows	—	50	96	—	50	—	—	—	—	—	—	4	556	1,005	170	192	2	85	52	
Ormskirk	—	—	70	—	—	—	—	—	—	—	—	10	273	690	85	95	2	226	165	
Orrell	—	—	48	—	—	—	—	—	—	—	—	—	823	1,659	—	—	37	255	621	

TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS															
	Total			By Local Authority			By Other Local Authorities			By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action							
	Prefabricated houses		Traditional permanent houses		Prefabricated houses		Traditional permanent houses		Prefabricated houses		Traditional permanent houses															
	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent	Temporary	Permanent														
Oswaldtwistle	—	—	13	—	—	—	—	—	—	—	—	—	89	201	—	—	—	89	69							
Padiham	—	—	28	—	—	—	—	—	—	—	—	—	327	427	—	1	96	69								
Poulton-le-Fylde	—	—	44	—	—	—	—	—	—	—	—	—	106	113	—	—	20	20								
Preesall	—	—	7	—	—	—	—	—	—	—	—	—	102	214	—	6	96	96								
Prescot	—	50	65	—	—	—	—	—	—	—	—	—	1,066	2,310	—	3	79	41								
Prestwich (B)	—	50	31	—	—	—	—	—	—	—	—	—	331	2,697	—	—	88	178								
Radcliffe (B)	—	—	61	—	—	—	—	—	—	—	—	—	449	583	4	6	327	263								
Rainford	—	—	52	—	—	—	—	—	—	—	—	—	90	129	—	—	70	70								
Ramsbottom	—	—	42	—	—	—	—	—	—	—	—	—	89	89	1	3	88	45								
Rawtenstall (B)	—	—	91	—	—	—	—	—	—	—	—	—	826	1,577	6	23	820	899								
Rishton	—	—	—	—	—	—	—	—	—	—	—	—	30	93	—	—	30	10								
Royton	—	—	59	—	—	—	—	—	—	—	—	—	137	312	4	4	102	107								
Skelmersdale	—	—	52	—	—	—	—	—	—	—	—	—	973	2,062	—	—	375	371								
Standish-with-Langtree	—	20	47	—	—	—	—	—	—	—	—	—	119	231	—	4	106	100								
Stretford (B)	—	—	345	—	—	—	—	—	—	—	—	—	373	475	18	24	18	10								
Swinton & Pendlebury (B)	29	—	80	29	—	—	—	—	—	—	—	—	1,554	5,997	—	13	747	593								
Thornton Cleveleys	—	—	46	—	—	—	—	—	—	—	—	—	110	509	—	1	109	64								
Tottington	—	—	20	—	—	—	—	—	—	—	—	—	7	11	—	—	6	6								
Trawden	—	—	—	—	—	—	—	—	—	—	—	—	11	14	—	—	—	3								
Turton	—	—	33	—	—	—	—	—	—	—	—	—	509	542	—	5	501	465								



TABLE 5—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Council's Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit as human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent									
Tyldesley	—	—	179	—	—	173	—	—	—	—	6	304	656	—	—	6	—	298	102	
Ulverston	—	—	59	—	—	42	—	—	—	—	17	123	257	2	2	1	2	123	118	
Upholland	—	—	48	—	—	44	—	—	—	—	4	164	164	—	—	—	—	120	107	
Urnston	—	22	75	—	—	75	—	—	—	2	—	170	678	1	3	—	3	170	94	
Walton-le-Dale	—	—	68	—	—	68	—	—	—	—	—	162	355	—	—	4	—	36	32	
Wardle	—	—	68	—	—	68	—	—	—	—	—	106	305	25	62	3	62	94	69	
Westhoughton	—	—	58	—	—	56	—	—	—	—	2	218	1,308	—	—	—	—	218	151	
Whitefield	—	—	32	—	—	30	—	—	—	—	2	85	236	10	14	6	14	45	53	
Whitworth	—	—	5	—	—	4	—	—	—	—	1	117	220	—	—	—	—	21	15	
Widnes (B.)	—	92	234	—	—	212	—	—	—	—	22	1,857	4,524	469	473	8	473	1,246	1,246	
Withnell	—	—	14	—	—	13	—	—	—	—	1	110	115	—	—	—	—	77	75	
Worsley	—	—	58	—	—	51	—	—	—	—	7	217	868	—	—	—	—	217	200	
Total Urban Districts	328	631	6,780	286	612	5,810	—	16	270	42	3	700	47,371	103,329	8,958	11,118	560	28,513	20,756	

TABLE 5—continued

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS									
	Total			By Local Authority			By Other Local Authorities				By Other Bodies or Persons			Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses	Prefabricated houses		Traditional permanent houses								
	Temporary	Permanent		Temporary	Permanent		Temporary	Permanent		Temporary	Permanent									
Blackburn .....	—	6	20	—	—	6	—	—	—	—	—	—	1,126	1,250	984	1,019	212	738	26	
Burnley .....	—	—	10	—	—	—	—	—	—	—	—	—	107	547	—	—	—	107	39	
Chorley .....	—	18	89	—	—	18	—	—	—	—	—	4	1,241	1,784	1,000	1,300	2	138	88	
Clitheroe .....	—	—	30	—	—	—	—	—	—	—	—	6	340	484	31	35	—	79	67	
Fylde .....	—	—	103	—	—	—	—	—	—	—	—	27	70	156	—	—	5	70	56	
Garstang .....	—	26	43	—	—	26	—	—	—	—	—	9	671	671	631	697	22	110	54	
Lancaster .....	—	—	166	—	—	—	—	—	—	—	—	27	259	307	16	24	2	10	13	
Limehurst .....	—	16	147	—	—	16	—	—	100	—	—	1	463	715	—	—	3	245	205	
Lunesdale .....	—	38	36	—	—	38	—	—	—	—	—	11	73	201	73	105	11	56	44	
Preston .....	—	—	263	—	—	—	—	—	20	—	—	148	397	879	8	46	7	390	234	
Ulverston .....	—	20	29	—	—	20	—	—	—	—	—	13	987	1,041	—	—	25	714	47	
Warrington .....	144	—	136	—	—	—	—	—	—	144	—	28	1,315	1,392	—	—	—	210	247	
West Lancashire .....	—	—	466	—	—	—	—	—	—	—	—	46	843	1,317	501	898	25	476	8	
Whiston .....	34	161	131	34	—	161	—	—	—	—	—	44	3,285	3,524	—	—	7	159	123	
Wigan .....	—	—	71	—	—	—	—	—	—	—	—	11	50	75	12	12	6	40	10	
Total Rural Districts .....	178	285	1,740	34	—	285	—	—	120	144	—	375	11,227	14,343	3,256	4,136	327	3,542	1,261	
Total Urban Districts .....	328	631	6,780	286	—	612	—	16	270	42	3	700	47,371	103,329	8,958	11,118	560	28,513	20,756	
Total Administrative County	506	916	8,520	320	—	897	—	16	390	186	3	1,075	58,598	117,672	12,214	15,254	887	32,055	22,017	



TABLE 6—CHILD WELFARE CENTRES  
SUMMARY, BY HEALTH DIVISIONS, OF ATTENDANCES DURING THE PERIOD 5TH JULY TO 31ST DECEMBER, 1948

Health Division No.	No. of centres at 31st December, 1948	No. of sessions	No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)			Average attendances (all children) per session	No. of individual expectant mothers attending	No. of attendances by expectant mothers
			0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)			
1	7	83	369	166	126	1,655	434	269	28	—	—
2	4	151	660	461	200	6,054	1,209	378	51	10	13
3	9	243	1,144	531	516	9,837	2,389	1,803	58	28	34
4	20	344	2,002	830	451	15,425	3,293	1,634	59	32	71
5	12	376	1,403	951	543	12,791	2,225	796	42	10	19
6	12	306	873	705	482	8,075	2,613	1,365	39	14	21
7	12	374	6,386	1,555	668	14,101	2,514	926	47	64	101
8	11	345	1,413	801	372	13,583	1,895	786	47	23	84
9	11	410	2,003	640	292	14,357	1,387	757	40	—	—
10	9	200	990	579	659	10,049	3,275	2,406	79	221	352
11	15	483	1,834	1,066	465	15,415	2,920	930	40	6	12
12	13	373	1,224	1,047	349	12,059	2,704	934	42	116	189
13	8	171	829	202	87	7,446	826	350	50	14	18
14	9	374	1,617	603	274	13,983	2,553	694	46	6	6
15	9	351	2,033	480	160	15,589	2,529	636	53	—	—
16	6	232	1,489	610	651	12,334	2,493	1,543	71	21	72
17	10	366	5,341	1,682	662	12,773	2,840	976	45	20	40
Totals Administrative County .....	177	5,182	31,610	12,910	6,957	195,526	38,099	17,183	48	585	1,032

TABLE 7—ANTE-NATAL CLINICS

SUMMARY, BY HEALTH DIVISIONS, OF ANTE-NATAL AND POST-NATAL ATTENDANCES DURING THE PERIOD  
5TH JULY TO 31ST DECEMBER, 1948

Health Division No.	No. of County Council clinics	ANTE-NATAL ATTENDANCES					POST-NATAL ATTENDANCES			
		No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of clinics at which post- natal attendances were made	No. of individual women attending post-natally	No. of attendances	Average attendances per individual
1	3	56	301	1,039	19	3.5	3	69	88	1.3
2	4	63	292	743	12	2.5	4	21	27	1.3
3	3	64	448	1,776	28	4.0	2	36	40	1.1
4	3	81	844	2,521	31	3.0	3	48	50	1.0
5	7	200	671	3,438	17	5.1	3	48	49	1.0
6	4	24	402	1,659	69	4.1	—	—	—	—
7	6	132	401	1,573	12	3.9	5	70	101	1.4
8	6	102	731	2,679	26	3.7	4	13	13	1
9	6	178	816	3,191	18	3.9	4	105	141	1.3
10	4	55	261	804	15	3.1	3	21	21	1
11	7	143	774	2,206	15	2.8	2	57	57	1
12	4	122	577	1,994	16	3.5	4	24	25	1.0
13	2	65	169	774	12	4.6	1	54	54	1
14	2	63	257	855	14	3.3	1	3	3	1
15	5	215	1,044	5,198	24	5.0	5	161	177	1.1
16	5	131	512	1,248	9	2.4	5	43	50	1.2
17	6	70	354	1,308	19	3.7	1	9	9	1
Totals Administrative County .....	77	1,764	8,854	33,006	19	3.7	50	782	905	1.2



TABLE 8—CARE OF PREMATURE INFANTS  
STATEMENT, BY HEALTH DIVISIONS, ON PREMATURE INFANTS, BORN DURING THE PERIOD 5TH JULY TO 31ST DECEMBER, 1948,  
WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	BORN AT HOME							BORN IN HOSPITAL OR MATERNITY HOME						
	(a) No. notified	(b) Died within 24 hours	(c) Percentage of infants surviving 24 hours	(d) Died within seven days (includ- ing (b))	(e) Survived one month	(f) Survived three months	(g) Percentage of children surviving three months	(a) No. notified	(b) Died within 24 hours	(c) Percentage of infants surviving 24 hours	(d) Died within seven days (includ- ing (b))	(e) Survived one month	(f) Survived three months	(g) Percentage of children surviving three months
1	8	2	75	2	5	5	62.5	4	—	100	—	4	4	100
2	21	1	95.2	1	20	20	95.2	28	1	96.4	3	25	24	85.7
3	8	—	100	1	7	7	87.5	33	2	93.9	5	28	28	84.8
4	15	1	93.3	1	13	13	86.7	60	5	91.7	6	49	49	81.7
5	30	2	93.3	5	24	23	76.6	29	3	89.7	3	26	25	86.2
6	12	1	91.7	1	11	10	83.3	26	5	80.8	9	17	17	65.4
7	10	1	90	1	8	8	80	39	—	100	2	35	33	84.6
8	28	4	85.7	6	21	21	75	42	8	80.8	10	32	32	76.2
9	34	2	94.1	4	30	29	85.3	62	7	88.7	10	52	50	80.6
10	14	2	85.7	4	9	9	64.3	22	—	100	2	20	20	90.9
11	26	7	73.1	8	18	17	65.4	40	6	85	8	31	30	75
12	11	5	54.5	6	4	3	27.3	62	8	87.1	14	48	47	75.8
13	8	1	87.5	3	5	5	62.5	22	5	77.3	7	15	15	68.2
14	17	—	100	—	15	15	88.2	32	—	100	—	32	32	100
15	14	1	92.9	2	11	11	78.6	46	3	93.5	6	39	39	84.8
16	22	1	95.5	1	21	18	81.8	24	—	100	4	19	19	79.2
17	23	2	91.3	2	21	20	87.0	57	7	87.7	9	48	48	84.2
Totals Administra- tive County	301	33	89.0	48	243	234	77.7	628	60	90.4	98	521	513	81.7

TABLE 9—CARE OF PREMATURE INFANTS

STATEMENT, BY HEALTH DIVISIONS, ON PREMATURE INFANTS BORN IN THE ADMINISTRATIVE COUNTY AREA DURING THE PERIOD 5TH JULY TO 31ST DECEMBER, 1948, INCLUDING THOSE WHOSE MOTHERS WERE NORMALLY RESIDENT OUTSIDE THE AREA

Health Division No.	Born at home	Born in hospital or nursing home	Born at home and nursed entirely at home	Born and nursed entirely at home—		Born in hospitals or nursing homes—	
				Who died during first 24 hours	Who survived at the end of one month	Who died during the first 24 hours	Who survived at the end of one month
1	8	2	8	2	5	—	2
2	21	36	20	—	20	5	27
3	8	15	8	1	7	—	13
4	15	78	14	—	13	6	67
5	30	15	21	1	18	2	13
6	12	28	12	1	11	4	24
7	10	20	10	1	8	—	20
8	28	63	22	2	19	8	50
9	34	78	28	2	30	14	60
10	14	4	11	2	9	—	4
11	26	61	22	6	16	13	44
12	11	29	9	4	4	2	24
13	8	—	6	1	5	—	—
14	16	—	15	—	15	—	—
15	14	15	12	1	10	—	15
16	22	53	20	1	21	5	40
17	23	63	22	2	20	10	46
Totals Administrative County .....	300	560	260	27	231	69	449



TABLE 10—PUERPERAL PYREXIA AND OPHTHALMIA NEONATORUM  
SUMMARY, BY HEALTH DIVISIONS, OF CASES NOTIFIED DURING THE PERIOD 5TH JULY TO 31ST DECEMBER, 1948, AND OF ACTION TAKEN

Health Division No.	DOMICILIARY CONFINEMENTS						INSTITUTIONAL CONFINEMENTS					
	No. of cases notified during period 5th July to 31st Decem- ber, 1948		No. of cases visited by officers of the Authority		No. of cases for whom home nursing was provided by the Authority		No. of cases notified during period 5th July to 31st Decem- ber, 1948		No. of cases visited by officers of the Authority		No. of cases for whom home nursing was provided by the Authority	
	Puerperal pyrexia	Ophthalmia neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Puerperal pyrexia	Ophthalmia neonatorum	Puerperal pyrexia	Ophthalmia neonatorum
1	—	—	—	—	—	—	—	—	—	—	—	—
2	2	1	2	1	—	1	1	—	—	—	1	—
3	4	—	—	—	4	—	2	—	—	1	—	1
4	1	—	1	—	—	—	4	—	—	—	—	—
5	—	4	—	4	—	2	—	1	—	—	—	—
6	—	1	—	1	—	1	2	—	—	—	—	—
7	1	3	1	3	—	—	2	—	2	—	—	—
8	2	—	2	—	2	—	1	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—	—	—	—	—
11	1	3	1	3	—	3	2	—	—	—	2	—
12	2	2	2	2	—	—	1	—	—	—	1	—
13	2	—	—	—	1	—	1	—	—	—	1	—
14	—	—	—	—	—	—	—	2	—	—	—	2
15	3	1	3	1	2	—	—	—	—	—	—	—
16	1	2	—	2	—	—	2	1	1	—	1	—
17	1	—	—	—	—	—	2	—	—	—	—	—
Totals— Administrative County .....	20	17	12	17	6	6	20	6	4	3	—	3

TABLE 11—DAY NURSERIES (INCLUDING 24-HOUR NURSERIES)

SUMMARY, BY HEALTH DIVISIONS, OF ACCOMMODATION AND ATTENDANCES DURING THE PERIOD 5TH JULY TO 31ST DECEMBER, 1948

Health Division No.	No. of nurseries	No. of places approved for children at ages (in years)		Mondays to Fridays only					Nos. of children at end of year—		
				No. of days open	Average No. of days open per nursery	Total attendances at ages (in years)		Average daily attendances at ages (in years)	On registers		On waiting lists
		0—	2—4 (incl.)			0—	2—4 (incl.)		0—	2—4 (incl.)	
1	—	—	—	—	—	—	—	—	—	—	—
2	3	37	113	383	128	3,751	9,827	29.3	41	99	12
3	1	20	30	128	128	1,767	3,880	13.8	16	33	—
4	2	43	29	247	124	3,777	3,690	30.5	42	36	61
5	4	75	143	486	122	7,112	13,615	58.3	76	138	227
6	2	53	68	242	121	3,176	7,970	26.2	34	86	117
7	1	40	50	127	127	2,414	6,586	19.0	24	64	30
8	1	14	36	130	130	1,465	2,182	11.3	15	23	6
9	4	68	122	508	127	5,232	14,060	41.2	61	137	122
10	1	25	25	129	129	713	2,291	5.5	7	24	—
11	2	33	57	244	122	3,366	6,645	27.6	31	69	81
12	—	—	—	—	—	—	—	—	—	—	—
13	3	48	72	380	127	4,431	8,666	34.9	44	89	77
14	5	77	125	625	125	6,492	13,272	51.9	64	139	195
15	3	61	67	378	126	4,397	9,335	34.9	56	96	40
16	8	143	201	1,034	129	9,628	25,686	74.6	99	250	180
17	5	99	128	612	122	5,898	14,498	48.3	60	165	277
Totals—Administrative County	45	836	1,266	5,653	126	63,619	142,203	504.9	670	1,448	1,425
											1,606



TABLE 12—DAY NURSERIES (INCLUDING 24-HOUR NURSERIES)  
STATEMENT, BY HEALTH DIVISIONS, OF STAFF ENGAGED AND MOTHERS RELEASED FOR EMPLOYMENT AT 31ST DECEMBER, 1948

Health Division No.	No. of nurseries	*No. of staff	Mothers released for—			Ratio of mothers in full-time employment to one unit of staff
			Full-time employment	Part-time employment	Total	
1	—	—	—	—	—	—
2	3	25	102	28	130	3.92
3	1	12	43	—	43	3.58
4	2	20	78	—	78	3.90
5	4	63	194	—	194	3.08
6	2	31	103	—	103	3.32
7	1	22	85	—	85	3.86
8	1	12	34	—	34	2.83
9	4	42	176	—	176	4.19
10	1	9	24	2	26	2.67
11	2	24	91	—	91	3.79
12	—	—	—	—	—	—
13	3	33	115	8	123	3.48
14	5	54	178	9	187	3.30
15	3	32	141	1	142	4.41
16	8	87	298	11	309	3.43
17	5	56	208	—	208	3.71
Totals—Administrative County .....	45	522	1,870	59	1,929	3.58

\* Equivalent of full-time personnel, including domestics, and counting three students as one member of staff.

SUMMARY, BY HEALTH DIVISIONS, OF INFANT AND NEO-NATAL DEATHS FROM SPECIFIED CAUSES DURING THE PERIOD  
5TH JULY TO 31ST DECEMBER, 1948

TABLE 13—INFANT MORTALITY

Cause of death	Health Division No.																												Admini- strative County																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	1		2		3		4		5		6		7		8		9		10		11		12		13		14				15		16		17																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	T	N	T	N	T	N	T	N	T	N	T	N	T	N	T	N	T	N	T	N	T	N	T	N	T	N	T	N			T	N	T	N																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

T=total infant deaths; N=neo-natal deaths.



TABLE 14—MATERNAL MORTALITY

SUMMARY, BY HEALTH DIVISIONS, OF MATERNAL DEATHS FROM SPECIFIED CAUSES DURING THE PERIOD  
5TH JULY TO 31ST DECEMBER, 1948

Cause of death	Health Division No.																	Total Administrative County
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
<i>Puerperal and post-abortive sepsis :</i>																		
Post-abortive infection .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infection during childbirth and the puerperium .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Other maternal causes :</i>																		
Abortion without mention of septic condition .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ectopic gestation .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Haemorrhage of pregnancy .....	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	3
Toxaemias of pregnancy .....	—	1	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	4
Other diseases and accidents of pregnancy .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Haemorrhage of childbirth and the puerperium .....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Puerperal toxæmias .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other accidents of childbirth .....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Other or unspecified conditions of childbirth and the puerperal state .....	—	—	—	—	2	2	—	—	—	—	—	1	—	—	—	—	—	5
Total .....	—	1	—	—	2	2	—	2	—	—	—	3	2	2	—	—	—	14
Total—all causes .....	—	1	—	—	2	2	—	2	—	—	—	3	2	2	—	—	—	14
Total (live and stillbirths) after correction for transfers .....	308	805	810	1,221	887	690	1,166	936	1,436	616	1,354	976	592	906	1,011	823	1,092	15,629
Mortality per 1,000 total births from:—																		
Puerperal and post-abortive sepsis .....	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
Other maternal causes .....	nil	1.24	nil	nil	2.25	2.90	nil	2.14	nil	nil	nil	3.07	3.38	2.21	nil	nil	nil	0.90
All causes .....	nil	1.24	nil	nil	2.25	2.90	nil	2.14	nil	nil	nil	3.07	3.38	2.21	nil	nil	nil	0.90

TABLE 15—HOME NURSING

GENERAL NURSING CASES ATTENDED AND VISITS PAID (excluding Casual Advisory Visits)  
DURING PERIOD 5TH JULY, 1948, TO 31ST DECEMBER, 1948

	Medical cases					Surgical cases					Intramuscular and hypodermic injections					Infectious diseases					All types of case				
	Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)			Adults		Children (under 15 years of age)		
	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total	M.	F.	0—	5—	Total
On books at 5th July, 1948 .....	474	1,400	31	38	1,943			81	41	1,458	132	416	1	6	555	25	31	5	7	68	924	2,890	118	92	4,024
New cases attended .....	1,743	3,648	474	344	6,209	1,309	3,427	840	413	5,989	253	656	39	39	987	133	172	80	42	427	3,438	7,903	1,433	838	13,612
Visits, 5th July, 1948, to 31st Dec., 1948 .....	47,774	118,770	3,747	3,112	173,403	32,670	66,360	8,439	4,134	111,603	9,021	39,644	459	465	49,589	2,866	3,782	1,132	548	8,328	92,331	228,556	13,777	8,259	342,923
Deaths .....	705	1,175	—	1	1,881	111	133	5	1	250	17	26	—	—	43	21	22	4	—	47	854	1,356	9	2	2,221
Removed to hospital .....	209	425	10	8	652	157	221	11	7	396	11	46	2	—	59	21	15	2	5	43	398	707	25	20	1,150
Removed from books for other reasons .....	152	350	12	26	540	84	304	25	12	425	53	157	2	1	213	5	11	1	—	17	294	822	40	39	1,195
Recovered .....	636	1,501	458	323	2,918	929	2,617	808	353	4,707	147	326	24	34	531	89	127	68	39	323	1,801	4,571	1,358	749	8,479
Remaining on books at 31st Dec., 1948 .....	515	1,597	25	24	2,161	321	1,195	72	81	1,669	157	517	12	10	696	22	28	10	5	65	1,015	3,337	119	120	4,591

Summary—

Total cases attended .....	17,636
Total number of visits (excluding casual advisory visits) .....	342,923
Average number of visits per case .....	19.4

NOTE : The number of casual advisory visits, not included in the above table, which were made during the period was 8,937.



TABLE 16—DIPHTHERIA IMMUNISATION

SUMMARY, BY HEALTH DIVISIONS, OF IMMUNISATION STATE OF CHILD POPULATION

Health Division No.	Total number of children immunised						Estimated mid-year population 1948 (under 5 yrs. of age)	Per-centage immu-nised	Total No. of children immunised				Estimated mid-year population, 1948 (5 to 14 years of age incl.)	Per-centage immu-nised	Total immunised under 15 years of age	Total population under 15 years of age	Percentage immunised under 15 years of age
	Age at 31st December, 1948 (in years)								Age at 31st Dec., 1948 (in years)								
	Under 1	1—	2—	3—	4—	Total under 5			5—	10—	Total, 5 to 14 incl.						
1	78	329	390	465	498	1,760	3,071	57.3	1,784	1,895	3,679	5,171	71.1	5,439	8,242	65.9	
2	128	1,018	914	776	710	3,546	7,629	46.4	4,447	5,395	9,842	13,199	74.5	13,388	20,828	64.2	
3	674	1,071	845	715	658	3,963	7,389	53.6	4,975	4,817	9,792	12,865	76.1	13,755	20,254	67.9	
4	88	1,229	1,290	1,160	1,349	5,116	12,646	40.4	6,226	6,547	12,773	20,455	62.4	17,889	33,101	54.0	
5	69	1,166	1,138	1,000	979	4,352	10,473	41.5	5,015	5,772	10,787	15,381	70.1	15,139	25,854	58.5	
6	65	1,001	971	759	814	3,610	6,930	52.0	3,833	3,756	7,589	9,903	76.6	11,199	16,833	66.5	
7	148	1,869	1,206	1,217	1,327	5,767	13,826	41.6	7,184	8,266	15,450	22,177	69.6	21,217	36,003	58.9	
8	99	1,108	909	996	1,177	4,289	9,427	45.4	6,094	5,408	11,502	15,443	74.4	15,791	24,870	63.4	
9	288	2,164	2,318	2,031	1,877	8,678	16,066	54.0	7,674	6,792	14,466	28,065	51.5	23,144	44,131	52.4	
10	251	674	793	773	836	3,327	6,441	51.5	3,755	2,675	6,430	10,881	59.0	9,757	17,322	56.3	
11	90	1,546	1,532	1,504	1,662	6,334	14,704	43.0	8,424	7,871	16,295	22,112	73.6	22,629	36,816	61.4	
12	460	1,379	1,226	1,009	1,225	5,299	10,322	51.3	6,190	6,259	12,449	15,488	80.3	17,748	25,810	68.7	
13	354	669	754	726	799	3,302	6,144	53.7	3,861	3,873	7,734	9,087	85.1	11,036	15,231	72.4	
14	222	1,642	1,233	1,214	1,362	5,673	9,614	59.0	6,025	5,391	11,416	14,064	81.1	17,089	23,678	72.1	
15	438	1,139	1,190	1,121	1,575	5,463	10,508	51.9	7,491	5,886	13,377	16,294	82.0	18,840	26,802	70.2	
16	49	1,050	1,111	1,391	1,437	5,038	8,834	57.0	5,254	4,138	9,392	12,044	77.9	14,430	20,878	69.1	
17	155	1,304	1,007	956	1,130	4,552	11,087	41.0	5,764	5,124	10,888	16,269	66.9	15,440	27,356	56.4	
Administrative County—1948	3,656	20,358	18,827	17,813	19,415	80,069	165,111	48.4	93,996	89,865	183,861	258,898	71.0	263,930	424,009	62.2	
1947	3,234	15,202	17,461	20,126	18,122	74,145	155,203	47.7	98,828	92,690	191,518	248,371	77.1	265,663†	403,574	65.8	
1946	1,032	14,288	18,966	17,357	17,170	68,813	142,622	48.2	94,675	90,425	185,100	247,107	74.9	253,913*	389,729	65.2	
1945	699	14,995	15,797	16,003	16,425	63,919	134,324	47.5	88,311	82,058	170,369	243,469	69.9	234,288	377,793	62.0	

† Plus 454, age group not known.

\* Plus 510, age group not known.





TABLE 18—DIPHTHERIA IMMUNISATION  
INCIDENCE OF, AND MORTALITY FROM, DIPHTHERIA AMONGST THE CHILD POPULATION  
ADMINISTRATIVE COUNTY, 1945-48

	Percentage of total population in age group				No. of cases of diphtheria				Attack rate per 1,000 of population in age group				No. of deaths from diphtheria				Case fatality rate per cent.			
	1945	1946	1947	1948	1945	1946	1947	1948	1945	1946	1947	1948	1945	1946	1947	1948	1945	1946	1947	1948
<i>Children under 5 years of age :</i>																				
Immunised .....	47.5	48.2	47.7	48.4	41	41	15	7	0.59	0.58	0.19	0.08	1	—	1	—	2.43	—	6.66	—
Not immunised .....	52.5	51.8	52.3	51.6	167	93	44	31	2.20	1.22	0.52	0.36	15	11	8	6	8.98	11.82	18.18	19.35
Total .....	100.0	100.0	100.0	100.0	208	134	59	38	1.44	0.91	0.36	0.23	16	11	9	6	7.68	8.20	15.25	15.78
<i>Children aged 5 to 14 years :</i>																				
Immunised .....	69.9	74.9	77.1	71.0	203	146	65	53	1.11	0.76	0.33	0.28	2	—	—	—	0.49	—	—	—
Not immunised .....	30.1	25.1	22.9	29.0	394	182	109	64	5.02	2.85	1.86	0.85	23	9	2	5	5.83	4.94	1.83	7.81
Total .....	100.0	100.0	100.0	100.0	597	328	174	117	2.28	1.08	0.68	0.45	25	9	2	5	4.18	2.74	1.14	4.27
<i>All children under 15 years of age :</i>																				
Immunised .....	62.0	65.2	65.8	62.2	244	187	80	60	0.97	0.51	0.29	0.22	3	—	1	—	1.22	—	1.25	—
Not immunised .....	38.0	34.8	34.2	37.8	561	275	153	95	3.63	2.35	1.07	0.59	38	20	10	11	6.77	7.27	6.53	11.57
Total .....	100.0	100.0	100.0	100.0	805	462	233	155	1.98	1.15	0.56	0.36	41	20	11	11	5.09	4.32	4.72	7.09

TABLE 19—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING PERIOD 5TH JULY TO 31ST DECEMBER, 1948—

(1) In Hostels—

(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Division No.	Name and address of hostel	Accommodation capacity at 31st Dec., 1948				Cases which were County Council responsibility								Cases which were responsibility of other Local Authorities												
		M		F		Residents at 5th July, 1948		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1948		Residents at 5th July, 1948		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1948		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
8	The Limes, Standish .....	—	24	—	22	—	—	3	—	6	—	—	—	—	19	—	3	—	—	1	—	—	—	—	—	4
8	Burtholme, Worthington .....	21	—	18	—	1	—	—	—	2	—	17	—	—	2	—	—	—	—	—	—	—	—	—	2	
13	Oaklands, Milnrow .....	—	12	—	14	—	—	2	—	3	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	
13	Springfield, Heywood .....	24	—	19	—	1	—	—	—	—	—	20	—	—	4	—	—	—	—	—	—	—	—	—	—	
	Totals .....	45	36	37	36	2	5	2	9	2	37	30	6	3	—	1	—	—	—	—	—	—	—	—	4	

(b) Managed by other Local Authorities, and in which residents of the Divisional area are accommodated by agreement

Health Division No.	Managing Authority	Name and address of hostel	Residents at 5th July, 1948				Admissions				Discharges				Deaths				No. accommodated at 31st Dec., 1948			
			M		F		M		F		M		F		M		F		M		F	
14	Oldham Corporation .....	Claremont Hostel, Windsor Road, Oldham .....	—	—	12	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	12
14	Oldham Corporation .....	Edward House, Edward Street, Oldham .....	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
16	Salford Corporation .....	The Homestead, Pendleton, Salford .....	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	Totals .....		1	14	1	1	1	1	1	1	1	1	1	1	—	—	—	1	1	—	—	14



TABLE 20—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING PERIOD 5TH JULY TO 31ST DECEMBER, 1948 (continued)  
(2) In former Public Assistance Institutions, etc.—  
(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Division No.	Name and address of institution	Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Under S.21(1)(a)					Under S.21(1)(b)					Under S.21(1)(a)					Under S.21(1)(b)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		Resi- dents at 5th July, 1948		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1948		Resi- dents at 5th July, 1948		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1948		Resi- dents at 5th July, 1948		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1948																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
1	27 Stanley Street, Ulverston	31	23	9	8	2	5	1	2	10	11	3	2	5	—	4	1	—	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
2	Bay View, Lancaster	76	50	58	44	36	7	26	13	68	38	—	—	11	6	11	5	—	—	—	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
3	The Highlands, Wesham Pk.	70	80	17	16	12	13	8	15	21	14	—	—	—	—	—	—	—	—	—	—	34	38	—	—	6	10	15	15	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
4	Moorlands, 152 Eaves Lane, Chorley	69	26	32	18	17	14	25	12	24	20	—	1	3	8	3	8	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
4	The Beeches, Garstang	34	30	31	12	—	1	4	—	25	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
5	Penmoor, Chatburn Road Clitheroe	38	—	17	—	19	—	6	—	29	—	—	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
7	74 Wigan Road, Ormskirk	89	59	40	26	14	7	21	9	33	24	—	5	3	11	3	8	—	—	—	8	12	14	—	6	5	3	2	—	—	15	17	1	8	5	15	6	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE 21—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING PERIOD 5TH JULY TO 31ST DECEMBER, 1948 (continued)—

(2) In former Public Assistance Institutions, etc.(continued)—

(b) Managed by other Local Authorities, and in which residents of the Divisional area are accommodated by agreement

Health Division No.	Managing Authority	Name and address of institution	Cases which were County Council responsibility																					
			In respect of accommodation provided under S.21(1)(a)						In respect of accommodation provided under S.21(1)(b)															
			Resi- dents at 5th July, 1948		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1948		Resi- dents at 5th July, 1948		Admis- sions		Dis- charges		Deaths		No. accom- modated at 31st Dec.1948			
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
4	County Borough of Preston	Preston Civic Hostel, Fulwood	12	19	20	14	16	19	—	—	16	14	—	—	6	8	6	8	—	—	—	—		
5	County Borough of Blackburn	Queen's Park Hospital, Blackburn	34	54	12	11	4	10	—	1	42	54	—	—	3	3	3	3	—	—	—	—		
5	County Borough of Bolton	Townleys Hospital Annex, Farnworth	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6	County Borough of Burnley	Moorfields, Burnley	43	33	5	6	4	5	—	—	44	34	—	—	—	—	—	—	—	—	—	—		
7	County Borough of Liverpool	Kirkdale Homes, Liverpool	15	22	5	2	5	3	1	1	14	20	—	—	—	2	15	—	—	—	—	—		
7	County Borough of Liverpool	Belmont Road, Liverpool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8	County Borough of Wigan	Social Welfare Home, Frog Lane, Wigan	23	16	18	1	21	5	—	—	20	12	1	2	7	16	6	15	—	—	2	3		
10	County Borough of Warrington	Whitecross Welfare Home, Wakefield Street, Warrington	15	14	6	5	7	7	—	—	14	12	—	—	—	1	1	1	—	—	—	—		
11	County Borough of Bolton	Townleys Hospital Annex, Farnworth	24	21	13	12	13	7	—	—	24	26	—	—	2	1	2	1	—	—	—	—		
12	County Borough of Manchester	Springfield, Manchester	5	1	—	—	—	1	—	—	5	—	—	—	—	—	—	—	—	—	—	—		
13	County Borough of Rochdale	South View, Dearnley, Rochdale	11	6	5	4	5	3	—	—	11	7	—	—	—	—	—	—	—	—	—	—		
14	County Borough of Oldham	Boundary Park Hospital Annex, Oldham	39	32	18	5	13	9	—	—	44	28	—	—	1	4	1	4	—	—	—	—		
14	County Borough of Manchester	Springfield, Manchester	1	4	3	2	3	1	—	—	1	5	—	—	—	—	—	—	—	—	—	—		
14	County Borough of Manchester	Mayfield House, Manchester	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—		
Totals—former Public Assistance Institutions			222	222	107	62	92	70	1	2	236	212	—	—	1	2	19	36	18	35	—	—	2	3
2	County Borough of Manchester	Langho Epileptic Colony, Langho	2	6	—	—	—	—	—	—	2	6	—	—	—	—	—	—	—	—	—	—	—	
3	do.	do.	8	9	—	—	1	—	—	—	7	9	—	—	—	—	—	—	—	—	—	—	—	
4	do.	do.	6	5	—	—	—	—	—	—	6	5	—	—	—	—	—	—	—	—	—	—	—	
5	do.	do.	8	6	—	—	—	—	—	—	8	6	—	—	—	—	—	—	—	—	—	—	—	
6	do.	do.	2	5	—	—	—	—	—	—	2	4	—	—	—	—	—	—	—	—	—	—	—	
7	do.	do.	2	4	—	—	—	—	—	—	2	4	—	—	—	—	—	—	—	—	—	—	—	
8	do.	do.	1	5	—	—	—	—	—	—	1	5	—	—	—	—	—	—	—	—	—	—	—	
9	do.	do.	3	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	
10	do.	do.	3	3	—	—	1	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	
11	do.	do.	8	3	—	—	—	—	—	—	7	3	—	—	—	—	—	—	—	—	—	—	—	
12	do.	do.	3	7	—	—	—	—	—	—	3	7	—	—	—	—	—	—	—	—	—	—	—	
13	do.	do.	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
14	do.	do.	7	4	—	—	—	—	—	—	7	4	—	—	—	—	—	—	—	—	—	—	—	
15	do.	do.	3	3	—	—	—	—	—	—	3	4	—	—	—	—	—	—	—	—	—	—	—	
16	do.	do.	1	2	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	
17	do.	do.	2	9	—	—	—	—	—	—	2	9	—	—	—	—	—	—	—	—	—	—	—	
Totals—Langho Epileptic Colony			60	73	—	3	2	2	—	—	58	74	—	—	—	—	—	—	—	—	—	—	—	
Totals—All above establishments			282	295	107	65	94	72	1	2	294	286	1	2	19	36	18	35	—	—	2	3		



TABLE 22—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING PERIOD 5TH JULY TO 31ST DECEMBER, 1948 (continued)—  
(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Divisional area)—  
(a) Other than Homes for the Blind

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 5th July, 1948		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1948	
			M	F	M	F	M	F	M	F	M	F
1	Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymn, Cheshire	—	1	—	—	—	—	—	—	—	1
1	The National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Barrowford, Nelson	—	1	—	—	—	—	—	—	—	1
2	Maghull Homes for Epileptics (Inc.)	Maghull Epileptic Colony, Maghull, Near Liverpool	—	1	—	—	—	—	—	—	—	1
4	The David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	1	—	—	—	—	—	—	—	1	—
4	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, The Bartlett Home, Liverpool Road South, Maghull, Near Liverpool	1	3	—	—	—	—	—	—	1	3
4	The National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Barrowford, Nelson	—	1	—	—	—	—	—	—	—	1
5	Derwen Cripples Training College	Derwen Cripples Training College, Oswestry	1	—	—	—	—	—	—	—	1	—
5	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, The Bartlett Home, Liverpool Road South, Maghull, near Liverpool	1	—	—	—	—	—	—	—	—	—
6	The David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	—	1	—	—	—	—	—	—	—	1
6	Maghull Homes for Epileptics (Inc.)	Maghull Epileptic Colony, Maghull, Near Liverpool	—	2	—	1	—	—	—	—	—	3
6	The National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Barrowford, Nelson	—	2	—	—	—	—	—	—	—	2
7	The Alexian Brothers	St. Mary's Home, St. Mary's Road, Moston, Manchester	1	—	—	—	—	—	—	—	1	—
7	Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	1	—	—	—	—	—	—	—	1
7	Boys and Girls Refugees (Inc.)	Bethesda Cripples Home, Tanllwyfan, Penmaenhead, Colwyn Bay	—	1	—	—	—	—	—	—	—	1
7	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, Near Liverpool	5	4	—	—	—	—	—	—	5	4
9	Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	1	—	—	—	—	—	—	—	1
9	The David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	1	—	—	—	—	—	—	—	1	—
9	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Warford, Near Alderley Edge, Cheshire	1	4	—	—	—	1	—	—	1	3
10	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, Near Liverpool	1	1	—	—	—	—	—	—	1	1
11	The Cripple Craft	The Cripple Craft, Heme Bay	—	1	—	—	—	—	—	—	—	1
11	David Lewis Epileptic Colony	David Lewis Colony, Warford, Near Alderley Edge, Cheshire	1	2	—	—	—	—	—	—	1	2
11	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, Near Liverpool	—	3	—	—	—	—	—	—	—	3
11	Robert Jones and Agnes Hunt Orthopaedic Hospital	Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry	1	—	—	—	—	—	—	—	1	—
12	Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymn	—	1	—	—	—	—	—	—	—	1
12	David Lewis Epileptic Colony	David Lewis Epileptic Colony, Warford, Near Alderley Edge, Cheshire	1	2	—	—	—	—	—	—	1	2
12	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, Near Liverpool	2	—	—	—	—	—	—	—	2	—
13	David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	—	1	—	—	—	—	—	—	—	1
14	David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	—	1	—	—	—	—	—	—	—	1
14	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, Near Liverpool	—	1	—	—	—	—	—	—	—	1
15	The David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	1	1	—	1	—	—	—	—	1	2
16	The David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	—	1	—	—	—	—	—	—	—	1
17	The David Lewis Epileptic Colony	The David Lewis Colony, Warford, Near Alderley Edge, Cheshire	3	2	—	—	—	—	—	—	3	2
17	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Warford, Near Alderley Edge, Cheshire	—	1	—	—	—	—	—	—	—	1
17	The Salvation Army	Oak Hill, Mandley Park Avenue, Higher Broughton, Salford	—	1	—	—	—	—	—	—	—	1
	Totals		22	42	—	2	—	1	—	—	22	43

TABLE 23—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING PERIOD 5TH JULY TO 31ST DECEMBER, 1948 (continued)—

(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Divisional area) (continued)—

(b) Homes for the Blind

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 5th July, 1948		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1948	
			M	F	M	F	M	F	M	F	M	F
3	Sunbeam Home of Rest	Sunbeam Home of Rest, Blackpool	—	3	—	—	—	—	—	—	—	3
4	Godfrey Ermen Memorial Home	Godfrey Ermen Memorial Home, Southport	1	—	—	—	—	—	—	—	1	—
4	Mary Ann Scott Home	Mary Ann Scott Home, Southport	—	1	—	—	—	—	—	—	—	1
4	Thomas Briggs Lomas Home	Thomas Briggs Lomas Home, Rhyl	1	—	—	—	—	—	—	—	1	—
4	Springhill Home	Springhill Home, Nelson	—	1	—	—	—	—	—	—	—	1
5	Oaklands Home	Oaklands Home, Pendleton	1	—	—	—	—	—	—	—	1	—
5	Mary Ann Scott Home	Mary Ann Scott Home, Southport	—	1	—	—	—	—	—	—	—	1
5	Springhill Home	Springhill Home, Nelson	—	1	—	—	—	—	—	—	—	1
6	Westlands Home for Deaf-Blind	Westlands Home for Deaf-Blind, Harrogate	1	—	—	—	—	—	—	—	1	—
6	Springhill Home	Springhill Home, Nelson	1	—	—	—	—	—	—	—	1	—
7	Springhill Home	Springhill Home, Nelson	—	1	—	—	—	—	—	—	—	1
9	Catholic Blind Asylum	Catholic Blind Asylum, Liverpool	—	1	—	1	—	—	—	—	—	1
9	Springhill Home	Springhill Home, Nelson	—	—	—	—	—	—	—	—	—	1
10	Springhill Home	Springhill Home, Nelson	—	1	—	—	—	—	—	—	—	1
12	Elms Home	Elms Home, Pendleton	—	1	—	—	—	—	—	—	—	1
12	Oaklands Home	Oaklands Home, Pendleton	1	—	—	—	—	—	—	—	1	—
12	Springhill Home	Springhill Home, Nelson	1	—	—	—	—	—	—	—	1	—
14	Godfrey Ermen Memorial Home	Godfrey Ermen Memorial Home, Southport	1	—	—	—	—	—	—	—	1	—
15	Elms Home	Elms Home, Pendleton	—	1	—	—	—	—	—	—	—	1
15	Oaklands Home, Pendleton	Oaklands Home, Pendleton	1	3	—	—	—	—	—	—	1	3
15	Thomas Briggs Lomas Home	Thomas Briggs Lomas Home, Rhyl	2	—	—	—	—	—	—	—	2	—
16	Elms Home	Elms Home, Pendleton	—	2	—	—	—	—	—	—	—	2
16	Oaklands Home	Oaklands Home, Pendleton	1	1	—	—	—	—	—	—	1	1
16	Mary Ann Scott Home	Mary Ann Scott Home, Southport	—	2	—	—	—	—	—	—	—	2
17	Elms Home	Elms Home, Pendleton	—	1	—	—	—	—	—	—	—	1
17	Mary Ann Scott Home	Mary Ann Scott Home, Southport	—	3	—	—	—	—	—	—	—	3
	Totals		12	25	—	1	—	—	—	—	12	26





BIRTH AND DEATH RATES  
OF THE  
MUNICIPAL BOROUGHES,  
URBAN AND RURAL DISTRICTS  
FOR THE YEAR 1948

COMPARED WITH THE RATES FOR THE YEAR 1947, AND WITH THE  
AVERAGES FOR THE FIVE YEARS 1943-47.





## MUNICIPAL BOROUGHS AND URBAN DISTRICTS

The district populations are the Registrar-General's estimates for the middle of the year 1948.  
For stillbirth rates and number of legitimate and illegitimate births, etc., see Table 2, pages 152 to 159.

Per 1,000 of estimated population					Maternal mortality rate		Rate of deaths under one year per 1,000 five births	
Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births			
Abram U.D.—								
Population, 5,957.								
Mean of 5 years, 1943-47	19.9	12.6	0.24	1.45	nil	nil	53	
Year—								
1947	21.9	12.9	0.16	0.84	nil	nil	69	
1948	21.1	9.9	nil	1.67	7.93	7.69	15	
Increase or decrease in 1948 on—								
5 years' average, 1943-47	+1.2	—2.7	—0.24	+0.22	+7.93	+7.69	—38	
Previous year	—0.8	—3.0	—0.16	+0.83	+7.93	+7.69	—54	
Accrington M.B.—								
Population, 40,180.								
Mean of 5 years, 1943-47	16.0	15.7	0.46	2.59	3.07	2.95	40	
Year—								
1947	18.1	15.3	0.25	2.60	1.40	1.36	43	
1948	17.1	13.6	0.32	2.68	1.44	1.40	33	
Increase or decrease in 1948 on—								
5 years' average, 1943-47	+1.1	—2.1	—0.14	+0.09	—1.63	—1.55	—7	
Previous year	—1.0	—1.7	+0.07	+0.08	+0.04	+0.04	—10	
Adlington U.D.—								
Population, 4,000.								
Mean of 5 years, 1943-47	19.8	13.0	0.21	2.01	5.03	4.81	44	
Year—								
1947	20.6	13.9	0.25	1.80	12.50	12.19	12	
1948	15.7	13.7	nil	2.25	nil	nil	79	
Increase or decrease in 1948 on—								
5 years' average, 1943-47	—4.1	+0.7	—0.21	+0.24	—5.03	—4.81	+35	
Previous year	—4.9	—0.2	—0.25	+0.45	—12.50	—12.19	+67	
Ashton-in-Makerfield U.D.—								
Population, 18,990.								
Mean of 5 years, 1943-47	18.7	12.5	0.55	1.56	2.32	2.24	61	
Year—								
1947	19.3	12.6	0.54	1.68	5.63	5.47	59	
1948	16.7	11.8	0.21	2.31	nil	nil	47	
Increase or decrease in 1948 on—								
5 years' average, 1943-47	—2.0	—0.7	—0.34	+0.75	—2.32	—2.24	—14	
Previous year	—2.6	—0.8	—0.33	+0.63	—5.63	—5.47	—12	
Ashton-under-Lyne M.B.—								
Population, 46,270.								
Mean of 5 years, 1943-47	18.6	14.2	0.51	1.95	1.47	1.43	42	
Year—								
1947	21.4	12.9	0.55	1.56	nil	nil	43	
1948	18.5	14.0	0.54	2.09	nil	nil	41	
Increase or decrease in 1948 on—								
5 years' average, 1943-47	—0.1	—0.2	+0.03	+0.14	—1.47	—1.43	—1	
Previous year	—2.9	+1.1	—0.01	+0.53	nil	nil	—2	
Aspull U.D.—								
Population, 6,474.								
Mean of 5 years, 1943-47	18.7	12.8	0.44	1.48	7.10	6.75	58	
Year—								
1947	23.5	12.8	0.46	1.56	6.62	6.45	79	
1948	18.5	10.5	0.46	2.00	8.33	8.06	33	
Increase or decrease in 1948 on—								
5 years' average, 1943-47	—0.2	—2.3	+0.02	+0.52	+1.23	+1.31	—25	
Previous year	—5.0	—2.3	nil	+0.44	+1.71	+1.61	—46	



		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
<b>Atherton U.D.—</b>								
Population, 20,700.								
Mean of 5 years, 1943-47		17.7	12.0	0.20	1.83	2.15	2.05	47
Year—								
1947		19.7	13.3	0.24	2.22	5.00	4.76	50
1948		15.2	10.0	0.24	2.07	nil	nil	28
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.5	—2.0	+0.04	+0.24	—2.15	—2.05	—19
Previous year		—4.5	—3.3	nil	—0.15	—5.00	—4.76	—22
<b>Audenshaw U.D.—</b>								
Population, 12,650.								
Mean of 5 years, 1943-47		17.9	12.1	0.34	1.89	3.83	3.71	48
Year—								
1947		18.4	12.6	0.32	2.26	nil	nil	61
1948		15.3	11.8	0.23	1.73	nil	nil	41
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.6	—0.3	—0.11	—0.16	—3.83	—3.71	—7
Previous year		—3.1	—0.8	—0.09	—0.53	nil	nil	—20
<b>Bacup M.B.—</b>								
Population, 18,320.								
Mean of 5 years, 1943-47		18.5	14.7	0.47	1.71	1.33	1.30	40
Year—								
1947		22.5	14.4	0.60	1.38	nil	nil	49
1948		17.5	13.0	0.32	1.25	6.21	6.00	62
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.0	—1.7	—0.15	—0.46	+4.88	+4.70	+22
Previous year		—5.0	—1.4	—0.28	—0.13	+6.21	+6.00	+13
<b>Barrowford U.D.—</b>								
Population, 4,500.								
Mean of 5 years, 1943-47		12.2	15.9	0.35	2.75	nil	nil	41
Year—								
1947		13.6	17.9	0.64	3.20	nil	nil	nil
1948		15.1	15.7	0.44	1.11	14.70	14.49	14
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+2.9	—0.2	+0.09	—1.64	+14.70	+14.49	—27
Previous year		+1.5	—2.2	—0.20	—2.09	+14.70	+14.49	+14
<b>Billinge and Winstanley U.D.—</b>								
Population, 5,886.								
Mean of 5 years, 1943-47		16.3	11.9	0.16	1.26	2.02	1.98	60
Year—								
1947		16.3	12.5	0.16	1.65	10.10	9.90	40
1948		15.2	12.4	nil	2.03	nil	nil	66
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.1	+0.5	—0.16	+0.77	—2.02	—1.98	+6
Previous year		—1.1	—0.1	—0.16	+0.38	—10.10	—9.90	+26
<b>Blackrod U.D.—</b>								
Population, 3,094.								
Mean of 5 years, 1943-47		19.3	14.9	0.35	1.77	nil	nil	66
Year—								
1947		22.2	13.1	0.34	1.73	nil	nil	15
1948		18.4	14.5	0.64	2.26	nil	nil	122
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.9	—0.4	+0.29	+0.49	nil	nil	+56
Previous year		—3.8	+1.4	+0.30	+0.53	nil	nil	+107

## Per 1,000 of estimated population

## Maternal mortality rate

Rate of deaths under one year per 1,000 live births

Live birth-rate

Crude death-rate

Death-rate from tuberculosis of respiratory system

Death-rate from cancer

Per 1,000 live births

Per 1,000 total (live and still) births

**Brierfield U.D.—**

Population, 6,900.

	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	Rate of deaths under one year per 1,000 live births
Mean of 5 years, 1943-47	17.4	14.9	0.30	2.09	nil	nil	35
Year—							
1947	19.6	14.9	0.29	1.93	nil	nil	45
1948	15.5	12.8	0.72	2.02	nil	nil	28
Increase or decrease in 1948 on—							
5 years' average, 1943-47	—1.9	—2.1	+6.42	—0.07	nil	nil	— 7
Previous year	—4.1	—2.1	+0.43	+0.09	nil	nil	—17

Year—

1947

1948

Increase or decrease in 1948 on—

5 years' average, 1943-47

Previous year

**Carnforth U.D.—**

Population, 3,381.

Mean of 5 years, 1943-47

Year—

1947

1948

Increase or decrease in 1948 on—

5 years' average, 1943-47

Previous year

**Chadderton U.D.—**

Population, 31,270.

Mean of 5 years, 1943-47

Year—

1947

1948

Increase or decrease in 1948 on—

5 years' average, 1943-47

Previous year

**Chorley M.B.—**

Population, 32,590.

Mean of 5 years, 1943-47

Year—

1947

1948

Increase or decrease in 1948 on—

5 years' average, 1943-47

Previous year

**Church U.D.—**

Population, 5,198.

Mean of 5 years, 1943-47

Year—

1947

1948

Increase or decrease in 1948 on—

5 years' average, 1943-47

Previous year

**Clayton-le-Moors U.D.—**

Population, 6,698.

Mean of 5 years, 1943-47

Year—

1947

1948

Increase or decrease in 1948 on—

5 years' average, 1943-47

Previous year



		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Clitheroe M.B.—								
Population, 11,890.								
Mean of 5 years, 1943-47		17.4	14.4	0.32	2.31	0.96	0.93	31
Year—								
1947		21.9	14.2	0.18	1.55	nil	nil	25
1948		17.7	15.0	0.25	2.60	nil	nil	37
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.3	+0.6	—0.07	+0.29	—0.96	—0.93	+ 6
Previous year		—4.2	+0.8	+0.07	+1.05	nil	nil	+12
Colne M.B.—								
Population, 20,840.								
Mean of 5 years, 1943-47		16.7	14.7	0.44	2.09	2.07	2.00	31
Year—								
1947		20.7	15.6	0.34	2.60	nil	nil	26
1948		16.7	13.8	0.43	2.30	2.86	2.80	22
Increase or decrease in 1948 on—								
5 years' average, 1943-47		nil	—0.9	—0.01	+0.21	+0.79	+0.80	— 9
Previous year		—4.0	—1.8	+0.09	—0.30	+2.86	+2.80	— 4
Crompton U.D.—								
Population, 12,620.								
Mean of 5 years, 1943-47		18.4	14.1	0.31	2.04	1.86	1.80	47
Year—								
1947		22.4	13.4	0.07	2.07	nil	nil	32
1948		16.0	14.4	0.55	1.66	9.90	9.52	59
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.4	+0.3	+0.24	—0.38	+8.04	+7.72	+12
Previous year		—6.4	+1.0	+0.48	—0.41	+9.90	+9.52	+27
Crosby M.B.—								
Population, 59,060.								
Mean of 5 years, 1943-47		18.7	13.6	0.71	2.08	1.54	1.50	51
Year—								
1947		19.4	13.4	0.70	2.02	2.64	2.57	57
1948		17.0	11.6	0.50	1.91	nil	nil	39
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.7	—2.0	—0.21	—0.17	—1.54	—1.50	—12
Previous year		—2.4	—1.8	—0.20	—0.11	—2.64	—2.57	—18
Dalton-in-Furness U.D.—								
Population, 10,480.								
Mean of 5 years, 1943-47		17.9	13.3	0.61	1.58	3.49	3.32	41
Year—								
1947		20.8	12.5	0.28	1.62	nil	nil	32
1948		17.5	12.9	0.57	2.00	nil	nil	76
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.4	—0.4	—0.04	+0.42	—3.49	—3.32	+35
Previous year		—3.3	+0.4	+0.29	+0.38	nil	nil	+44
Darwen M.B.—								
Population, 30,850.								
Mean of 5 years, 1943-47		15.7	16.1	0.34	2.24	2.21	2.13	47
Year—								
1947		19.0	16.0	0.29	2.21	1.73	1.68	39
1948		16.2	14.9	0.32	2.17	3.99	3.89	31
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.5	—1.2	—0.02	—0.07	+1.78	+1.76	—16
Previous year		—2.8	—1.1	+0.03	—0.04	+2.26	+2.21	— 8

	Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	

**Denton U.D.—**

Population, 25,380.

<i>Mean of 5 years, 1943-47</i>	.....	20.4	12.3	0.43	1.70	3.08	2.99	44
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Year—

1947	.....	23.0	11.9	0.32	1.85	nil	nil	41
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1948	.....	17.4	10.4	0.35	1.65	nil	nil	36
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—3.0	—1.9	—0.08	—0.05	—3.08	—2.99	— 8
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<i>Previous year</i>	.....	—5.6	—1.5	+0.03	—0.20	nil	nil	— 5
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**Droylsden U.D.—**

Population, 27,290.

<i>Mean of 5 years, 1943-47</i>	.....	22.0	10.8	0.57	1.69	1.53	1.49	38
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Year—

1947	.....	22.7	11.2	0.79	1.90	1.74	1.69	29
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1948	.....	17.1	9.7	0.54	1.42	nil	nil	34
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—4.9	—1.1	—0.03	—0.27	—1.53	—1.49	— 4
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<i>Previous year</i>	.....	—5.6	—1.5	—0.25	—0.48	—1.74	—1.69	+ 5
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**Eccles M.B.—**

Population, 43,870.

<i>Mean of 5 years, 1943-47</i>	.....	18.1	13.1	0.47	1.88	2.09	2.02	53
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Year—

1947	.....	20.6	12.9	0.52	1.46	4.65	4.49	46
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1948	.....	18.1	11.7	0.22	1.86	2.50	2.44	32
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	nil	—1.4	—0.25	—0.02	+0.41	+0.42	—21
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<i>Previous year</i>	.....	—2.5	—1.2	—0.30	+0.40	—2.15	—2.05	—14
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**Failsworth U.D.—**

Population, 18,040.

<i>Mean of 5 years, 1943-47</i>	.....	19.1	12.8	0.52	1.95	1.27	1.24	35
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Year—

1947	.....	20.3	12.9	0.74	2.28	nil	nil	33
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1948	.....	16.8	11.9	0.60	1.77	nil	nil	52
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—2.3	—0.9	+0.08	—0.18	—1.27	—1.24	+17
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<i>Previous year</i>	.....	—3.5	—1.0	—0.14	—0.51	nil	nil	+19
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**Farnworth M.B.—**

Population, 28,356.

<i>Mean of 5 years, 1943-47</i>	.....	19.2	13.0	0.47	1.97	3.21	3.09	52
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Year—

1947	.....	22.1	13.0	0.29	2.07	1.64	1.61	37
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1948	.....	17.1	11.2	0.28	1.90	2.06	1.97	28
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—2.1	—1.8	—0.19	—0.07	—1.15	—1.12	—24
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<i>Previous year</i>	.....	—5.0	—1.8	—0.01	—0.17	+0.42	+0.36	— 9
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**Fleetwood M.B.—**

Population, 27,160.

<i>Mean of 5 years, 1943-47</i>	.....	19.1	11.5	0.48	1.49	3.23	3.11	50
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Year—

1947	.....	24.9	10.9	0.38	1.39	nil	nil	35
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1948	.....	20.6	10.1	0.51	1.84	nil	nil	33
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	+1.5	—1.4	+0.03	+0.35	—3.23	—3.11	—17
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<i>Previous year</i>	.....	—4.3	—0.8	+0.13	+0.45	nil	nil	— 2
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		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Formby U.D.—								
Population, 9,576.								
Mean of 5 years, 1943-47		17.0	13.7	0.33	2.08	1.62	1.58	51
Year—								
1947		15.0	11.5	0.33	2.02	nil	nil	29
1948		14.0	10.5	0.62	1.25	nil	nil	14
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—3.0	—3.2	+0.29	—0.83	—1.62	—1.58	—37
Previous year		—1.0	—1.0	+0.29	—0.77	nil	nil	—15
Fulwood U.D. —								
Population, 12,680.								
Mean of 5 years, 1943-47		14.5	15.8	0.49	2.16	1.32	1.28	52
Year—								
1947		16.1	17.4	0.58	2.51	nil	nil	51
1948		14.8	11.6	0.07	1.65	nil	nil	15
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.3	—4.2	—0.42	—0.51	—1.32	—1.28	—37
Previous year		—1.3	—5.8	—0.51	—0.86	nil	nil	—36
Golborne U.D.—								
Population, 16,140.								
Mean of 5 years, 1943-47		20.2	11.9	0.28	1.65	2.09	2.03	48
Year—								
1947		23.2	12.6	0.53	1.53	nil	nil	48
1948		17.0	10.5	0.12	1.73	nil	nil	50
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—3.2	—1.4	—0.16	+0.08	—2.09	—2.03	+ 2
Previous year		—6.2	—2.1	—0.41	+0.20	nil	nil	+ 2
Grange U.D.—								
Population, 2,719.								
Mean of 5 years, 1943-47		8.1	17.0	0.29	2.61	11.11	11.11	nil
Year—								
1947		10.6	18.1	nil	2.65	nil	nil	nil
1948		11.7	14.3	0.36	3.31	nil	nil	93
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+3.6	—2.7	+0.07	+0.70	—11.11	—11.11	+93
Previous year		+1.1	—3.8	+0.36	+0.66	nil	nil	+93
Great Harwood U.D.—								
Population, 10,810.								
Mean of 5 years, 1943-47		16.3	15.2	0.46	1.84	nil	nil	49
Year—								
1947		18.5	14.4	0.38	1.14	nil	nil	30
1948		17.5	14.6	0.27	1.85	nil	nil	36
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+1.2	—0.6	—0.19	+0.01	nil	nil	—13
Previous year		—1.0	+0.2	—0.11	+0.71	nil	nil	+ 6
Haslingden M.B. —								
Population, 14,540.								
Mean of 5 years, 1943-47		15.7	16.6	0.19	2.13	4.34	4.19	45
Year—								
1947		20.1	16.3	0.14	1.75	3.48	3.40	59
1948		17.1	15.0	0.13	2.95	nil	nil	64
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+1.4	—1.6	—0.06	+0.82	—4.34	—4.19	+19
Previous year		—3.0	—1.3	—0.01	+1.20	—3.48	—3.40	+ 5

Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	

**Haydock U.D.—**

Population, 11,880.

<i>Mean of 5 years, 1943-47</i>	.....	21.9	9.8	0.39	1.23	4.71	4.56	49
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Year—

1947	.....	24.4	10.6	0.52	1.30	10.63	10.38	46
1948	.....	17.4	9.3	0.50	1.43	nil	nil	38

*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—4.5	—0.5	+0.11	+0.20	—4.71	—4.56	—11
<i>Previous year</i>	.....	—7.0	—1.3	—0.02	+0.13	—10.63	—10.38	— 8

**Heywood M.B.—**

Population, 24,940.

<i>Mean of 5 years, 1943-47</i>	.....	18.7	14.9	0.27	1.93	3.31	3.21	50
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Year—

1947	.....	22.3	14.7	0.20	2.29	nil	nil	45
1948	.....	18.2	12.5	0.56	1.44	6.60	6.36	35

*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—0.5	—2.4	+0.29	—0.49	+3.29	+3.15	—15
<i>Previous year</i>	.....	—4.1	—2.2	+0.36	—0.85	+6.60	+6.36	—10

**Hindley U.D.—**

Population, 19,320.

<i>Mean of 5 years, 1943-47</i>	.....	19.7	13.3	0.31	1.86	3.80	3.65	58
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Year—

1947	.....	21.1	13.1	0.36	2.10	4.96	4.79	57
1948	.....	18.3	11.3	0.25	1.55	2.81	2.77	30

*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—1.4	—2.0	—0.06	—0.31	—0.99	—0.88	—28
<i>Previous year</i>	.....	—2.8	—1.8	—0.11	—0.55	—2.15	—2.02	—27

**Horwich U.D.—**

Population, 15,370.

<i>Mean of 5 years, 1943-47</i>	.....	17.3	12.2	0.39	1.71	1.58	1.50	48
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Year—

1947	.....	19.1	11.8	0.25	2.20	nil	nil	40
1948	.....	14.5	11.5	0.26	1.88	nil	nil	17

*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—2.8	—0.7	—0.13	+0.17	—1.58	—1.50	—31
<i>Previous year</i>	.....	—4.6	—0.3	+0.01	—0.32	nil	nil	—23

**Huyton-with-Roby U.D.—**

Population, 53,330.

<i>Mean of 5 years, 1943-47</i>	.....	25.1	9.1	0.63	1.28	0.86	0.83	66
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Year—

1947	.....	26.6	8.8	0.73	1.23	nil	nil	74
1948	.....	22.2	7.9	0.56	1.05	1.68	1.64	49

*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—2.9	—1.2	—0.07	—0.23	+0.82	+0.81	—17
<i>Previous year</i>	.....	—4.4	—0.9	—0.17	—0.18	+1.68	+1.64	—25

**Ince-in-Makerfield U.D.—**

Population, 20,380.

<i>Mean of 5 years, 1943-47</i>	.....	21.1	12.2	0.49	1.77	1.87	1.80	68
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Year—

1947	.....	24.9	12.6	0.59	1.93	3.97	3.83	71
1948	.....	21.5	11.1	0.09	1.57	nil	nil	63

*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	+0.4	—1.1	—0.40	—0.20	—1.87	—1.80	— 5
<i>Previous year</i>	.....	—3.4	—1.5	—0.50	—0.36	—3.97	—3.83	— 8



		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crudo death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
<b>Irlam U.D.—</b>								
Population, 15,020.								
Mean of 5 years, 1943-47	.....	19.2	9.5	0.46	1.55	0.66	0.65	37
Year—								
1947	.....	19.5	10.0	0.27	1.55	nil	nil	48
1948	.....	17.3	8.9	0.19	1.93	nil	nil	42
Increase or decrease in 1948 on—								
5 years' average, 1943-47	.....	—1.9	—0.6	—0.27	+0.38	—0.66	—0.65	+ 5
Previous year	.....	—2.2	—1.1	—0.08	+0.38	nil	nil	— 6
<b>Kearsley U.D.—</b>								
Population, 10,450.								
Mean of 5 years, 1943-47	.....	19.3	12.9	0.46	1.55	3.52	3.43	40
Year—								
1947	.....	21.7	14.0	0.58	1.07	nil	nil	27
1948	.....	20.2	11.3	0.19	2.10	nil	nil	51
Increase or decrease in 1948 on—								
5 years' average, 1943-47	.....	+0.9	—1.6	—0.27	+0.55	—3.52	—3.43	+11
Previous year	.....	—1.5	—2.7	—0.39	+1.03	nil	nil	+24
<b>Kirkham U.D.—</b>								
Population, 4,704.								
Mean of 5 years, 1943-47	.....	19.8	13.3	0.24	2.29	2.56	2.56	51
Year—								
1947	.....	22.0	12.3	0.23	2.09	nil	nil	10
1948	.....	22.1	12.1	0.21	1.48	nil	nil	19
Increase or decrease in 1948 on—								
5 years' average, 1943-47	.....	+2.3	—1.2	—0.03	—0.81	—2.56	—2.56	—32
Previous year	.....	+0.1	—0.2	—0.02	—0.61	nil	nil	+ 9
<b>Lancaster M.B.—</b>								
Population, 50,250.								
Mean of 5 years, 1943-47	.....	16.9	11.2	0.42	1.57	1.29	1.26	44
Year—								
1947	.....	20.3	12.1	0.53	1.76	0.97	0.94	41
1948	.....	17.0	10.9	0.37	1.93	2.33	2.27	27
Increase or decrease in 1948 on—								
5 years' average, 1943-47	.....	+0.1	—0.3	—0.05	+0.36	+1.04	+1.01	—17
Previous year	.....	—3.3	—1.2	—0.16	+0.17	+1.36	+1.33	—14
<b>Lees U.D.—</b>								
Population, 4,218.								
Mean of 5 years, 1943-47	.....	18.6	16.2	0.45	1.56	nil	nil	37
Year—								
1947	.....	19.7	14.9	0.48	0.73	nil	nil	37
1948	.....	18.0	14.2	0.23	2.37	nil	nil	39
Increase or decrease in 1948 on—								
5 years' average, 1943-47	.....	—0.6	—2.0	—0.22	+0.81	nil	nil	+ 2
Previous year	.....	—1.7	—0.7	—0.25	+1.64	nil	nil	+ 2
<b>Leigh M.B.—</b>								
Population, 48,220.								
Mean of 5 years, 1943-47	.....	20.1	12.3	0.29	1.71	1.66	1.60	57
Year—								
1947	.....	22.2	12.7	0.31	1.80	nil	nil	51
1948	.....	17.9	11.3	0.35	1.67	1.15	1.11	37
Increase or decrease in 1948 on—								
5 years' average, 1943-47	.....	—2.2	—1.0	+0.06	—0.04	—0.51	—0.49	—20
Previous year	.....	—4.3	—1.4	+0.04	—0.13	+1.15	+1.11	—14

		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Leyland U.D.—								
Population, 14,490.								
Mean of 5 years, 1943-47		19.7	11.0	0.22	1.46	1.44	1.40	40
Year—								
1947		21.7	10.1	0.20	1.04	nil	nil	63
1948		17.7	9.1	nil	1.51	nil	nil	35
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.0	—1.9	—0.22	+0.05	—1.44	—1.40	— 5
Previous year		—4.0	—1.0	—0.20	+0.47	nil	nil	—28
Litherland U.D.—								
Population, 22,120.								
Mean of 5 years, 1943-47		23.9	11.9	0.76	1.60	0.79	0.77	70
Year—								
1947		27.0	11.2	0.53	1.94	1.79	1.76	59
1948		21.3	9.3	0.85	1.62	2.11	2.08	36
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.6	—2.6	+0.09	+0.02	+1.32	+1.31	—34
Previous year		—5.7	—1.9	+0.32	—0.32	+0.32	+0.32	—23
Littleborough U.D.—								
Population, 10,800.								
Mean of 5 years, 1943-47		17.7	15.7	0.25	2.01	5.86	5.67	49
Year—								
1947		21.8	16.4	0.57	1.53	nil	nil	61
1948		17.5	14.3	0.27	2.50	nil	nil	57
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.2	—1.4	+0.02	+0.49	—5.86	—5.67	+ 8
Previous year		—4.3	—2.1	—0.30	+0.97	nil	nil	— 4
Little Lever U.D.—								
Population, 4,762.								
Mean of 5 years, 1943-47		19.1	15.0	0.36	1.81	nil	nil	48
Year—								
1947		19.5	14.7	0.43	1.52	nil	nil	55
1948		19.3	16.3	nil	2.93	nil	nil	32
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.2	+1.3	—0.36	+1.12	nil	nil	—16
Previous year		—0.2	+1.6	—0.43	+1.41	nil	nil	—23
Longridge U.D.—								
Population, 3,970.								
Mean of 5 years, 1943-47		19.2	14.1	0.29	1.99	nil	nil	45
Year—								
1947		20.2	15.2	nil	1.25	nil	nil	74
1948		25.1	15.1	6.75	2.51	nil	nil	10
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+5.9	+1.0	+0.46	+0.52	nil	nil	—35
Previous year		+4.9	—0.1	+0.75	+1.26	nil	nil	—64
Lytham St. Annes M.B.—								
Population, 30,310.								
Mean of 5 years, 1943-47		12.5	15.9	0.25	2.55	1.08	1.04	39
Year—								
1947		14.1	16.9	0.35	2.89	nil	nil	43
1948		13.6	16.0	0.26	2.37	2.42	2.36	29
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+1.1	+0.1	+0.01	—0.18	+1.34	+1.32	—10
Previous year		—0.5	—0.9	—0.09	—0.52	+2.42	+2.36	—14



		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Middleton M.B.—								
Population, 32,190.								
Mean of 5 years, 1943-47		19.0	13.4	0.44	2.05	2.73	2.63	51
Year—								
1947		22.5	13.0	0.45	2.18	nil	nil	54
1948		18.2	12.5	0.34	2.14	1.70	1.66	39
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.8	—0.9	—0.10	+0.09	—1.03	—0.97	—12
Previous year		—4.3	—0.5	—0.11	—0.04	+1.70	+1.66	—15
Milnrow U.D.—								
Population, 8,418.								
Mean of 5 years, 1943-47		17.4	13.5	0.27	2.18	1.55	1.49	46
Year—								
1947		20.0	13.5	0.24	2.29	nil	nil	30
1948		17.2	13.8	nil	1.54	6.89	6.66	62
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.2	+0.3	—0.27	—0.64	+5.34	+5.17	+16
Previous year		—2.8	+0.3	—0.24	—0.75	+6.89	+6.66	+32
Morecambe and Heysham M.B.—								
Population, 36,770.								
Mean of 5 years, 1943-47		13.2	15.8	0.40	2.23	3.32	3.27	46
Year—								
1947		14.3	17.9	0.56	2.29	3.75	3.71	54
1948		12.0	14.2	0.54	2.36	2.26	2.22	56
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.2	—1.6	+0.14	+0.13	—1.06	—1.05	+10
Previous year		—2.3	—3.7	—0.02	+0.07	—1.49	—1.49	+ 2
Mossley M.B.—								
Population, 10,430.								
Mean of 5 years, 1943-47		18.6	14.4	0.29	2.07	1.19	1.14	50
Year—								
1947		22.5	14.1	0.38	2.30	nil	nil	38
1948		19.1	11.6	0.38	1.72	nil	nil	40
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.5	—2.8	+0.09	—0.35	—1.19	—1.14	—10
Previous year		—3.4	—2.5	nil	—0.58	nil	nil	+ 2
Nelson M.B.—								
Population, 34,530.								
Mean of 5 years, 1943-47		15.7	15.3	0.37	2.16	1.18	1.14	35
Year—								
1947		20.1	14.9	0.21	2.17	1.49	1.47	40
1948		16.4	15.0	0.55	2.14	nil	nil	40
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.7	—0.3	+0.18	—0.02	—1.18	—1.14	+ 5
Previous year		—3.7	+0.1	+0.34	—0.03	—1.49	—1.47	nil
Newton-le-Willows U.D.—								
Population, 21,410.								
Mean of 5 years, 1943-47		17.6	11.7	0.45	1.79	1.63	1.56	61
Year—								
1947		18.7	12.4	0.61	1.59	2.50	2.40	57
1948		16.1	9.9	0.32	1.86	nil	nil	57
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.5	—1.8	—0.13	+0.07	—1.63	—1.56	— 4
Previous year		—2.6	—2.5	—0.29	+0.27	—2.50	—2.40	nil

	Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	

**Ormskirk U.D.—**

Population, 20,030.

<i>Mean of 5 years, 1943-47</i>	.....	16.9	11.7	0.28	1.82	2.33	2.26	52
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Year—

1947	.....	17.8	13.4	0.38	1.85	8.00	7.75	64
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1948	.....	17.2	11.6	0.44	1.69	2.89	2.83	55
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	+0.3	—0.1	+0.16	—0.13	+0.56	+0.57	+ 3
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<i>Previous year</i>	.....	—0.6	—1.8	+0.06	—0.16	—5.11	—4.92	— 9
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**Orrell U.D.—**

Population, 8,773.

<i>Mean of 5 years, 1943-47</i>	.....	19.1	12.8	0.35	1.80	1.17	1.11	56
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Year—

1947	.....	21.2	13.8	0.34	2.52	nil	nil	70
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1948	.....	18.6	12.1	nil	1.13	6.09	6.02	48
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—0.5	—0.7	—0.35	—0.67	+4.92	+4.91	— 2
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<i>Previous year</i>	.....	—2.6	—1.7	—0.34	—1.39	+6.09	+6.02	—22
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**Oswaldtwistle U.D.—**

Population, 12,150.

<i>Mean of 5 years, 1943-47</i>	.....	15.9	15.9	0.43	2.35	3.30	3.22	50
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Year—

1947	.....	16.9	17.0	0.24	2.53	4.83	4.69	62
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1948	.....	17.1	14.1	0.16	2.55	nil	nil	14
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	+1.2	—1.8	—0.27	+0.20	—3.30	—3.22	—36
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<i>Previous year</i>	.....	+0.2	—2.9	—0.08	+0.02	—4.83	—4.69	—48
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**Padiham U.D.—**

Population, 10,040.

<i>Mean of 5 years, 1943-47</i>	.....	18.5	15.9	0.40	1.99	2.82	2.78	58
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Year—

1947	.....	23.9	14.1	0.20	1.73	nil	nil	38
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1948	.....	16.7	16.0	0.39	1.89	nil	nil	65
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—1.8	+0.1	—0.01	—0.10	—2.82	—2.78	+ 7
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<i>Previous year</i>	.....	—7.2	+1.9	+0.19	+0.16	nil	nil	+27
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**Poulton-le-Fylde U.D.—**

Population, 7,630.

<i>Mean of 5 years, 1943-47</i>	.....	15.6	13.2	0.22	1.97	nil	nil	48
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Year—

1947	.....	15.5	12.5	0.26	2.24	nil	nil	101
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1948	.....	15.4	14.2	0.39	2.35	nil	nil	42
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	—0.2	+1.0	+0.17	+0.38	nil	nil	— 6
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<i>Previous year</i>	.....	—0.1	+1.7	+0.13	+0.11	nil	nil	—59
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**Preesall U.D.—**

Population, 2,207.

<i>Mean of 5 years, 1943-47</i>	.....	14.3	15.2	0.29	2.63	nil	nil	25
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Year—

1947	.....	20.7	21.7	nil	3.77	nil	nil	nil
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1948	.....	16.7	14.4	nil	1.35	nil	nil	nil
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*Increase or decrease in 1948 on—*

<i>5 years' average, 1943-47</i>	.....	+2.4	—0.8	—0.29	—1.28	nil	nil	—25
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<i>Previous year</i>	.....	—4.0	—7.3	nil	—2.42	nil	nil	nil
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		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
<b>Prescot U.D.—</b>								
Population, 12,290.								
Mean of 5 years, 1943-47		20.8	12.0	0.48	1.86	0.84	0.81	55
Year—								
1947		24.5	10.8	0.33	1.57	nil	nil	40
1948		19.7	11.9	0.56	2.19	nil	nil	57
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.1	—0.1	+0.08	+0.33	—0.84	—0.81	+ 2
Previous year		—4.8	+1.1	+0.23	+0.62	nil	nil	+17
<b>Prestwich M.B.—</b>								
Population, 34,760.								
Mean of 5 years, 1943-47		15.8	11.1	0.31	1.70	0.81	0.79	40
Year—								
1947		17.3	11.3	0.32	1.63	nil	nil	48
1948		14.3	9.8	0.23	1.78	2.00	1.99	40
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.5	—1.3	—0.08	+0.08	+1.19	+1.20	nil
Previous year		—3.0	—1.5	—0.09	+0.15	+2.00	+1.99	— 8
<b>Radcliffe M.B.—</b>								
Population, 27,700.								
Mean of 5 years, 1943-47		18.1	14.3	0.28	2.17	1.83	1.77	48
Year—								
1947		20.9	14.6	0.29	2.70	nil	nil	34
1948		16.4	14.2	0.14	1.87	nil	nil	43
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.7	—0.1	—0.14	—0.30	—1.83	—1.77	— 5
Previous year		—4.5	—0.4	—0.15	—0.83	nil	nil	+ 9
<b>Rainford U.D.—</b>								
Population, 3,898.								
Mean of 5 years, 1943-47		19.6	13.2	0.33	2.00	5.31	5.20	75
Year—								
1947		25.8	12.6	nil	1.31	10.20	9.90	81
1948		19.4	9.4	0.51	0.76	nil	nil	nil
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.2	—3.8	+0.18	—1.24	—5.31	—5.20	—75
Previous year		—6.4	—3.2	+0.51	—0.55	—10.20	—9.90	—81
<b>Ramsbottom U.D.—</b>								
Population, 14,390.								
Mean of 5 years, 1943-47		17.0	14.9	0.33	1.91	2.74	2.67	49
Year—								
1947		21.0	17.6	0.21	2.70	nil	nil	43
1948		16.7	15.2	0.13	2.01	nil	nil	12
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.3	+0.3	—0.20	+0.10	—2.74	—2.67	—37
Previous year		—4.3	—2.4	—0.08	—0.69	nil	nil	—31
<b>Rawtenstall M.B.—</b>								
Population, 25,140.								
Mean of 5 years, 1943-47		16.3	15.5	0.38	2.44	5.16	4.99	43
Year—								
1947		20.0	15.3	0.28	2.23	4.04	3.93	48
1948		16.2	14.2	0.43	1.94	2.45	2.38	58
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.1	—1.3	+0.05	—0.50	—2.71	—2.61	+15
Previous year		—3.8	—1.1	+0.15	—0.29	—1.59	—1.55	+10



		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Rishton U.D.—								
Population, 5,644.								
Mean of 5 years, 1943-47		17.7	14.7	0.43	2.27	9.66	9.21	46
Year—								
1947		21.5	15.9	0.54	3.29	8.47	8.40	25
1948		14.8	12.7	0.35	1.77	nil	nil	23
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.9	—2.0	—0.08	—0.50	—9.66	—9.21	—23
Previous year		—6.7	—3.2	—0.19	—1.52	—8.47	—8.40	— 2
Royton U.D.—								
Population, 14,840.								
Mean of 5 years, 1943-47		18.6	14.5	0.46	2.16	4.19	4.04	44
Year—								
1947		22.2	12.9	0.47	2.52	nil	nil	36
1948		16.6	13.9	0.60	1.75	nil	nil	20
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.0	—0.6	+0.14	—0.41	—4.19	—4.04	—24
Previous year		—5.6	+1.0	+0.13	—0.77	nil	nil	—16
Skelmersdale U.D.—								
Population, 6,095.								
Mean of 5 years, 1943-47		21.6	13.5	0.30	1.55	3.36	3.21	75
Year—								
1947		26.8	12.9	0.50	1.85	nil	nil	69
1948		15.0	10.3	0.16	1.47	nil	nil	43
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—6.6	—3.2	—0.14	—0.08	—3.36	—3.21	—32
Previous year		—11.8	—2.6	—0.34	—0.38	nil	nil	—26
Standish-with-Langtree U.D.—								
Population, 8,932.								
Mean of 5 years, 1943-47		18.9	12.0	0.21	1.24	2.59	2.48	37
Year—								
1947		22.8	13.3	0.11	1.38	nil	nil	45
1948		14.2	10.3	0.22	0.89	nil	nil	39
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—4.7	—1.7	+0.01	—0.35	—2.59	—2.48	+ 2
Previous year		—8.6	—3.0	+0.11	—0.49	nil	nil	— 6
Wretford M.B.—								
Population, 61,400.								
Mean of 5 years, 1943-47		20.3	12.5	0.53	2.05	2.45	2.36	48
Year—								
1947		22.5	12.6	0.57	1.93	2.20	2.16	40
1948		19.9	10.6	0.39	1.82	0.81	0.79	46
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.4	—1.9	—0.14	—0.23	—1.64	—1.57	— 2
Previous year		—2.6	—2.0	—0.18	—0.11	—1.39	—1.37	+ 6
Winton & Pendlebury M.B.—								
Population, 41,230.								
Mean of 5 years, 1943-47		18.1	12.5	0.49	1.86	2.03	1.97	45
Year—								
1947		20.0	11.9	0.47	1.76	2.48	2.39	33
1948		17.8	10.8	0.16	2.03	nil	nil	40
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.3	—1.7	—0.33	+0.17	—2.03	—1.97	— 5
Previous year		—2.2	—1.1	—0.31	+0.27	—2.48	—2.39	+ 7

		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births	
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births		
Thornton Cleveleys U.D.—									
Population, 15,790.									
Mean of 5 years, 1943-47		.....	13.0	15.1	0.21	1.85	3.11	2.95	44
Year—									
1947		.....	14.6	14.9	0.31	1.52	nil	nil	30
1948		.....	14.3	13.9	0.25	1.64	nil	nil	39
Increase or decrease in 1948 on—									
5 years' average, 1943-47		.....	+1.3	—1.2	+0.04	—0.21	—3.11	—2.95	— 5
Previous year		.....	—0.3	—1.0	—0.06	+0.12	nil	nil	+ 9
Tottington U.D.—									
Population, 6,080.									
Mean of 5 years, 1943-47		.....	15.7	15.5	0.17	1.89	4.29	4.20	56
Year—									
1947		.....	18.3	14.3	0.17	1.38	9.43	9.25	56
1948		.....	14.4	13.3	0.16	2.13	nil	nil	56
Increase or decrease in 1948 on—									
5 years' average, 1943-47		.....	—1.3	—2.2	—0.01	+0.24	—4.29	—4.20	nil
Previous year		.....	—3.9	—1.0	—0.01	+0.75	—9.43	—9.25	nil
Trawden U.D.—									
Population, 2,020.									
Mean of 5 years, 1943-47		.....	16.5	16.3	0.89	2.59	nil	nil	26
Year—									
1947		.....	19.9	19.9	0.48	1.45	nil	nil	24
1948		.....	12.8	15.8	nil	2.97	nil	nil	115
Increase or decrease in 1948 on—									
5 years' average, 1943-47		.....	—3.7	—0.5	—0.89	+0.38	nil	nil	+89
Previous year		.....	—7.1	—4.1	—0.48	+1.52	nil	nil	+91
Turton U.D.—									
Population, 10,930.									
Mean of 5 years, 1943-47		.....	15.2	14.9	0.22	1.75	1.32	1.29	40
Year—									
1947		.....	18.8	15.3	0.18	1.39	nil	nil	29
1948		.....	15.0	12.7	0.36	1.55	nil	nil	18
Increase or decrease in 1948 on—									
5 years' average, 1943-47		.....	—0.2	—2.2	+0.14	—0.20	—1.32	—1.29	—22
Previous year		.....	—3.8	—2.6	+0.18	+0.16	nil	nil	—11
Tyldesley U.D.—									
Population, 18,060.									
Mean of 5 years, 1943-47		.....	18.7	12.0	0.29	1.65	0.56	0.55	58
Year—									
1947		.....	19.7	11.9	0.22	1.45	2.82	2.76	33
1948		.....	17.2	11.7	0.49	2.04	3.20	3.15	35
Increase or decrease in 1948 on—									
5 years' average, 1943-47		.....	—1.5	—0.3	+0.20	+0.39	+2.64	+2.60	—23
Previous year		.....	—2.5	—0.2	+0.27	+0.59	+0.38	+0.39	+ 2
Ulverston U.D.—									
Population, 9,850.									
Mean of 5 years, 1943-47		.....	16.3	13.5	0.40	2.03	1.29	1.27	35
Year—									
1947		.....	20.4	14.8	0.30	1.61	nil	nil	49
1948		.....	16.7	12.8	0.60	2.63	nil	nil	36
Increase or decrease in 1948 on—									
5 years' average, 1943-47		.....	+0.4	—0.7	+0.20	+0.60	—1.29	—1.27	+ 1
Previous year		.....	—3.7	—2.0	+0.30	+1.02	nil	nil	—13

					Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births	
					Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births		
Upholland U.D.—												
Population, 6,123.												
Mean of 5 years, 1943-47					18.6	9.9	0.33	1.36	2.40	2.29	50	
Year—												
1947					20.1	9.3	0.31	1.41	nil	nil	7	
1948					20.7	8.8	0.32	1.46	nil	nil	31	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					+2.1	—1.1	—0.01	+0.10	—2.40	—2.29	—19	
Previous year					+0.6	—0.5	+0.01	+0.05	nil	nil	+24	
Jrmston U.D.—												
Population, 38,560.												
Mean of 5 years, 1943-47					19.4	10.7	0.29	1.74	1.37	1.34	39	
Year—												
1947					21.7	11.5	0.15	2.10	1.20	1.18	33	
1948					17.4	9.9	0.20	1.68	nil	nil	29	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—2.0	—0.8	—0.09	—0.06	—1.37	—1.34	—10	
Previous year					—4.3	—1.6	+0.05	—0.42	—1.20	—1.18	—4	
Valton-le-Dale U.D.—												
Population, 14,730.												
Mean of 5 years, 1943-47					18.4	12.4	0.36	1.88	2.55	2.48	46	
Year—												
1947					21.5	11.2	0.42	1.56	nil	nil	42	
1948					17.3	12.6	0.20	1.90	nil	nil	47	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—1.1	+0.2	—0.16	+0.02	—2.55	—2.48	+1	
Previous year					—4.2	+1.4	—0.22	+0.34	nil	nil	+5	
Vardle U.D.—												
Population, 4,201.												
Mean of 5 years, 1943-47					14.0	15.1	0.28	1.68	nil	nil	61	
Year—												
1947					17.9	12.9	0.47	1.43	nil	nil	53	
1948					14.0	15.7	0.71	1.90	nil	nil	33	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					nil	+0.6	+0.43	+0.22	nil	nil	—28	
Previous year					—3.9	+2.8	+0.24	+0.47	nil	nil	—20	
Westhoughton U.D.—												
Population, 14,940.												
Mean of 5 years, 1943-47					17.1	12.5	0.20	1.57	4.20	4.02	48	
Year—												
1947					17.9	12.0	0.13	1.40	nil	nil	44	
1948					15.1	11.3	0.20	1.87	nil	nil	17	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—2.0	—1.2	nil	+0.30	—4.20	—4.02	—31	
Previous year					—2.8	—0.7	+0.07	+0.47	nil	nil	—27	
Whitefield U.D.—												
Population, 13,030.												
Mean of 5 years, 1943-47					18.9	12.2	0.33	1.61	0.76	0.72	30	
Year—												
1947					20.8	12.2	0.47	1.58	3.80	3.64	19	
1948					15.5	10.5	0.07	2.14	nil	nil	44	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—3.4	—1.7	—0.26	+0.53	—0.76	—0.72	+14	
Previous year					—5.3	—1.7	—0.40	+0.56	—3.80	—3.64	+25	



		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
<b>Whitworth U.D.—</b>								
Population, 7,469.								
Mean of 5 years, 1943-47		17.8	14.1	0.32	1.49	1.66	1.58	61
Year—								
1947		19.9	15.4	0.40	2.03	nil	nil	40
1948		18.6	14.4	0.53	1.87	nil	nil	35
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.8	+0.3	+0.21	+0.38	—1.66	—1.58	—26
Previous year		—1.3	—1.0	+0.13	—0.16	nil	nil	—5
<b>Widnes M.B.—</b>								
Population, 47,440.								
Mean of 5 years, 1943-47		23.9	12.0	0.66	1.76	1.45	1.41	70
Year—								
1947		27.1	12.1	0.71	1.75	nil	nil	74
1948		22.8	9.9	0.46	1.66	nil	nil	60
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.1	—2.1	—0.20	—0.10	—1.45	—1.41	—10
Previous year		—4.3	—2.2	—0.25	—0.09	nil	nil	—14
<b>Withnell U.D.—</b>								
Population, 2,840.								
Mean of 5 years, 1943-47		17.3	12.8	0.50	1.54	nil	nil	44
Year—								
1947		20.7	15.5	nil	2.59	nil	nil	35
1948		16.9	9.5	0.70	1.05	nil	nil	20
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.4	—3.3	+0.20	—0.49	nil	nil	—24
Previous year		—3.8	—6.0	+0.70	—1.54	nil	nil	—15
<b>Worsley U.D.—</b>								
Population, 26,820.								
Mean of 5 years, 1943-47		18.7	11.9	0.27	1.82	0.39	0.38	36
Year—								
1947		21.9	11.9	0.18	1.74	nil	nil	42
1948		15.3	12.9	0.41	1.93	4.85	4.75	33
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—3.4	+1.0	+0.14	+0.11	+4.46	+4.37	—3
Previous year		—6.6	+1.0	+0.23	+0.19	+4.85	+4.75	—9

## RURAL DISTRICTS

		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
Blackburn R.D.—								
Population, 12,700.								
Mean of 5 years, 1943-47		12.6	11.8	0.25	1.89	3.99	3.86	32
Year—								
1947		13.4	12.4	0.31	1.74	nil	nil	29
1948		10.9	10.0	0.23	1.41	nil	nil	14
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.7	—1.8	—0.02	—0.48	—3.99	—3.86	—18
Previous year		—2.5	—2.4	—0.08	—0.33	nil	nil	—15
Burnley R.D.—								
Population, 16,340.								
Mean of 5 years, 1943-47		15.1	14.1	0.22	1.80	4.14	4.02	42
Year—								
1947		16.8	14.9	0.30	2.30	3.61	3.53	39
1948		15.9	15.2	0.61	2.38	nil	nil	23
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.8	+1.1	+0.39	+0.58	—4.14	—4.02	—19
Previous year		—0.9	+0.3	+0.31	+0.08	—3.61	—3.53	—16
Chorley R.D.—								
Population, 26,940.								
Mean of 5 years, 1943-47		18.2	11.6	0.22	1.63	2.14	2.07	44
Year—								
1947		20.4	12.3	0.15	1.60	nil	nil	50
1948		18.1	10.4	0.07	1.67	nil	nil	32
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.1	—1.2	—0.15	+0.04	—2.14	—2.07	—12
Previous year		—2.3	—1.9	—0.08	+0.07	nil	nil	—18
Litheroe R.D.—								
Population, 8,560.								
Mean of 5 years, 1943-47		12.5	8.9	0.31	1.56	3.75	3.66	18
Year—								
1947		14.3	8.9	0.57	1.26	nil	nil	24
1948		11.9	10.2	0.11	1.86	nil	nil	19
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.6	+1.3	—0.20	+0.30	—3.75	—3.66	+ 1
Previous year		—2.4	+1.3	—0.46	+0.60	nil	nil	— 5
Fylde R.D.—								
Population, 12,510.								
Mean of 5 years, 1943-47		19.9	12.5	0.18	1.62	0.88	0.84	34
Year—								
1947		20.5	11.6	0.17	2.06	nil	nil	26
1948		16.7	9.3	0.15	1.03	nil	nil	23
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—3.2	—3.2	—0.03	—0.59	—0.88	—0.84	—11
Previous year		—3.8	—2.3	—0.02	—1.03	nil	nil	— 3
Garstang R.D.—								
Population, 12,670.								
Mean of 5 years, 1943-47		16.3	12.6	0.18	1.79	2.03	2.00	39
Year—								
1947		17.8	12.5	0.16	1.73	nil	nil	41
1948		15.4	12.3	0.15	2.44	nil	nil	30
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.9	—0.3	—0.03	+0.65	—2.03	—2.00	— 9
Previous year		—2.4	—0.2	—0.01	+0.71	nil	nil	—11

		Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
		Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
<b>Lancaster R.D.—</b>								
Population, 11,010.								
Mean of 5 years, 1943-47		15.7	13.7	0.29	1.80	1.20	1.17	40
Year—								
1947		18.8	12.6	0.26	1.34	nil	nil	19
1948		15.8	12.8	0.36	1.90	nil	nil	40
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+0.1	—0.9	+0.07	+0.10	—1.20	—1.17	nil
Previous year		—3.0	+0.2	+0.10	+0.56	nil	nil	+21
<b>Limehurst R.D.—</b>								
Population, 7,690.								
Mean of 5 years, 1943-47		16.2	14.5	0.43	1.99	1.75	1.65	35
Year—								
1947		17.3	16.6	0.26	1.85	nil	nil	22
1948		14.3	10.6	0.26	1.56	nil	nil	36
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—1.9	—3.9	—0.17	—0.43	—1.75	—1.65	+ 1
Previous year		—3.0	—6.0	nil	—0.29	nil	nil	+14
<b>Lunesdale R.D.—</b>								
Population, 6,749.								
Mean of 5 years, 1943-47		16.6	11.7	0.23	1.32	2.04	1.94	24
Year—								
1947		18.9	12.1	0.29	1.33	nil	nil	39
1948		18.6	12.4	nil	1.18	nil	nil	23
Increase or decrease in 1948 on—								
5 years' average, 1943-47		+2.0	+0.7	—0.23	—0.14	—2.04	—1.94	— 1
Previous year		—0.3	+0.3	—0.29	—0.15	nil	nil	—16
<b>Preston R.D.—</b>								
Population, 37,820.								
Mean of 5 years, 1943-47		16.4	11.1	0.27	1.57	2.38	2.32	42
Year—								
1947		17.1	11.5	0.27	1.49	1.58	1.54	42
1948		14.4	9.5	0.18	1.77	nil	nil	34
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—2.0	—1.6	—0.09	+0.20	—2.38	—2.32	— 8
Previous year		—2.7	—2.0	—0.09	+0.28	—1.58	—1.54	— 8
<b>Ulverston R.D.—</b>								
Population, 17,130.								
Mean of 5 years, 1943-47		16.5	13.6	0.29	2.15	nil	nil	38
Year—								
1947		16.9	14.7	0.18	2.34	nil	nil	35
1948		16.4	12.7	0.23	2.10	nil	nil	17
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—0.1	—0.9	—0.06	—0.05	nil	nil	—21
Previous year		—0.5	—2.0	+0.05	—0.24	nil	nil	—18
<b>Warrington R.D.—</b>								
Population, 27,080.								
Mean of 5 years, 1943-47		20.3	10.1	0.36	1.56	3.84	3.71	58
Year—								
1947		18.8	9.8	0.30	1.58	2.27	2.21	56
1948		16.5	7.8	0.22	1.14	2.23	2.17	35
Increase or decrease in 1948 on—								
5 years' average, 1943-47		—3.8	—2.3	—0.14	—0.42	—1.61	—1.54	—23
Previous year		—2.3	—2.0	—0.08	—0.44	—0.04	—0.04	—21



					Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births	
					Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births		
West Lancashire R.D.—												
Population, 44,010.												
Mean of 5 years, 1943-47					18.3	10.6	0.34	1.63	2.13	2.08	37	
Year—												
1947					18.9	10.3	0.43	1.44	2.54	2.50	36	
1948					16.0	9.5	0.34	1.61	nil	nil	32	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—2.3	—1.1	nil	—0.02	—2.13	—2.08	— 5	
Previous year					—2.9	—0.8	—0.09	+0.17	—2.54	—2.50	— 4	
Whiston R.D.—												
Population, 38,360.												
Mean of 5 years, 1943-47					19.7	9.7	0.31	1.23	1.46	1.42	68	
Year—												
1947					18.5	9.1	0.27	1.25	2.94	2.86	82	
1948					14.4	7.9	0.26	1.40	nil	nil	73	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—5.3	—1.8	—0.05	+0.17	—1.46	—1.42	+ 5	
Previous year					—4.1	—1.2	—0.01	+0.15	—2.94	—2.86	— 9	
Vigan R.D.—												
Population, 7,914.												
Mean of 5 years, 1943-47					17.6	11.9	0.28	1.46	3.25	3.20	45	
Year—												
1947					19.4	11.5	0.13	1.04	nil	nil	60	
1948					19.0	10.3	0.12	1.76	nil	nil	39	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					+1.4	—1.6	—0.16	+0.30	—3.25	—3.20	— 6	
Previous year					—0.4	—1.2	—0.01	+0.72	nil	nil	—21	

# ADMINISTRATIVE COUNTY

For stillbirth rate and number of legitimate and illegitimate births, etc., see Table 2, pages 152 to 159.

					Per 1,000 of estimated population				Maternal mortality rate		Rate of deaths under one year per 1,000 live births	
					Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births		
Aggregate of County Urban Districts—												
Population, Est., 1948—1,719,667.												
Mean of 5 years, 1943-47					18.43	13.19	0.41	1.88	2.01	1.95	49	
Year—												
1947					20.87	13.25	0.40	1.90	1.39	1.35	47	
1948					17.48	12.00	0.35	1.86	1.23	1.19	40	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—0.95	—1.19	—0.06	—0.02	—0.78	—0.76	— 9	
Previous year					—3.39	—1.25	—0.05	—0.04	—0.16	—0.16	— 7	
Aggregate of County Rural Districts—												
Population, Est., 1948—287,483.												
Mean of 5 years, 1943-47					17.46	11.55	0.29	1.63	2.24	2.18	44	
Year—												
1947					18.12	11.59	0.28	1.60	1.40	1.37	45	
1948					15.64	10.18	0.24	1.65	0.22	0.21	35	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—1.82	—1.37	—0.05	+0.02	—2.02	—1.97	— 9	
Previous year					—2.48	—1.41	—0.04	+0.05	—1.18	—1.16	—10	
Administrative County—												
Population, Est., 1948—2,007,150.												
Mean of 5 years, 1943-47					18.29	12.97	0.39	1.85	2.04	1.98	48	
Year—												
1947					20.48	13.02	0.38	1.86	1.39	1.35	47	
1948					17.21	11.74	0.34	1.83	1.09	1.07	40	
Increase or decrease in 1948 on—												
5 years' average, 1943-47					—1.08	—1.23	—0.05	—0.02	—0.95	—0.91	— 8	
Previous year					—3.27	—1.28	—0.04	—0.03	—0.30	—0.28	— 7	

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